2002 - 2003 Annual Report

KEEWATIN YATIHE REGIONAL HEALTH AUTHORITY

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

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LETTER OF TRANSMITTAL

The Honorable John Nilson
Minister of Health
Province of Saskatchewan
Room 361, Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Mr. Nilson:

It is a pleasure to submit the 2002–2003 Annual Report for the Keewatin Yatthé Regional Health Authority in accordance with the Regional Health Services Act.

The report contains a summary of the programs and services provided to clients, as well as, the information required in accordance with the 2002-2003 Annual Reporting Guidelines.

Please contact me at your convenience should you have any questions.

Respectfully submitted,

Rose Daigneault
Board Chairperson
Keewatin Yatthé Regional Health Authority

MISSION AND MANDATE

MISSION STATEMENT

"Wholistic health of district residents"

"Wholistic" includes the concepts of:

- physical, mental, emotional and spiritual wellness.
- working together as individuals, families, communities, and institutions.
- individual, family, community, and institutional responsibility (understanding roles and stewardship).
- healing (individual, family, and community).
- supporting each other in meeting our needs.
- healthy life-styles.
- increasing awareness of those activities, attitudes, beliefs, principles, and initiatives that lead to healing and healthy life-styles.
- developing linkages/networks to support healing and healthy life-styles.

The spelling of wholistic is deliberately chosen to emphasize the concept of the "whole" – a state of completeness. It means that people are able to meet their own needs, living their full potential— vs. holistic — a hole, emptiness.

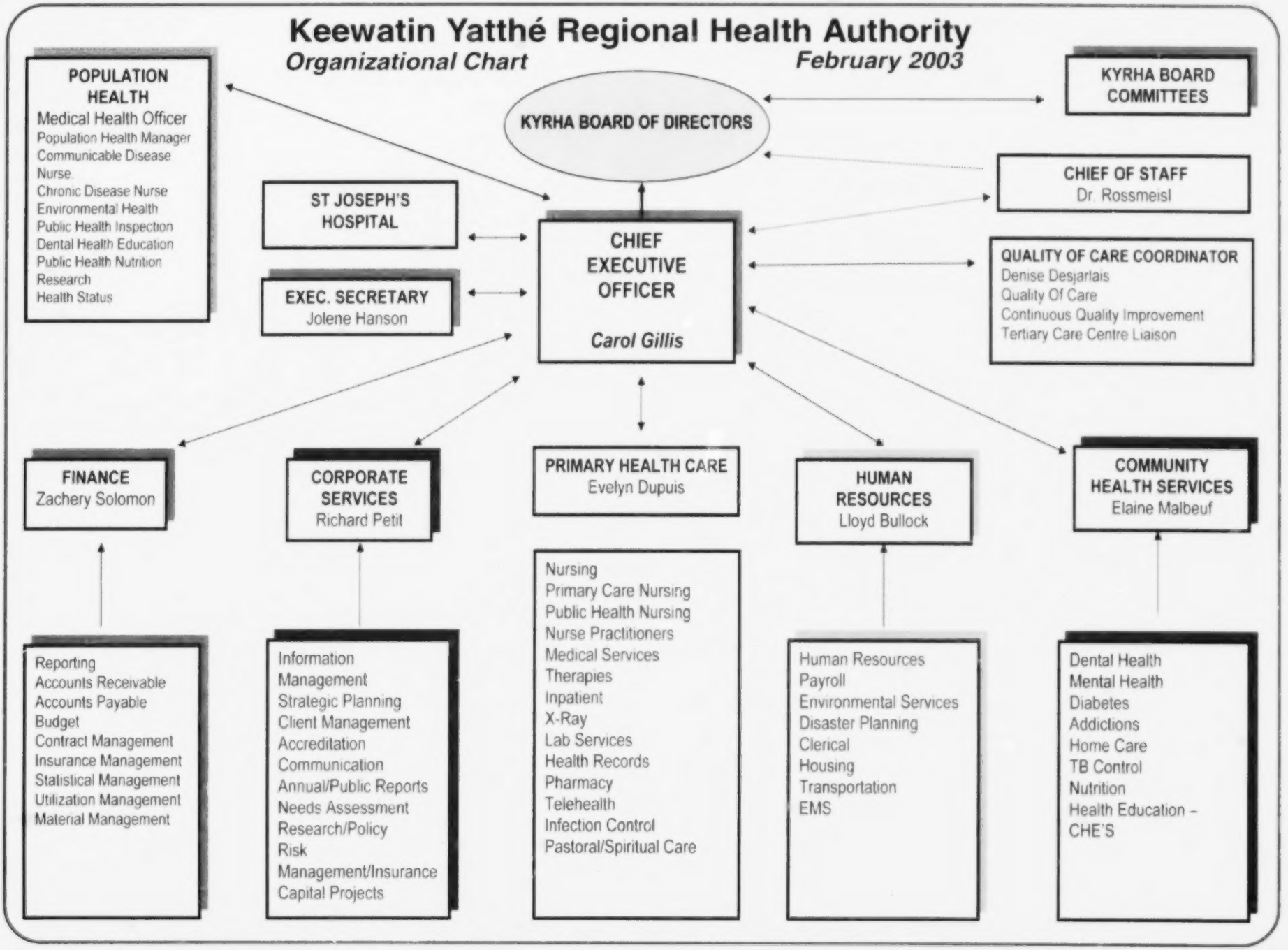
MANDATE

We believe that ultimately we are all accountable to the Creator for our actions and that our spiritual development is contingent upon the relationship between the individual and the Creator. Within this context, our mandate comes primarily from the people in our district but is defined to some extent in:

- The unwritten traditional knowledge and principles of our people and ancestors.
- The principles and declarations of the World Health Organization.
- Federal, provincial and local legislation, policies, regulations, and budgets.
- This and subsequent strategic plans as they develop.

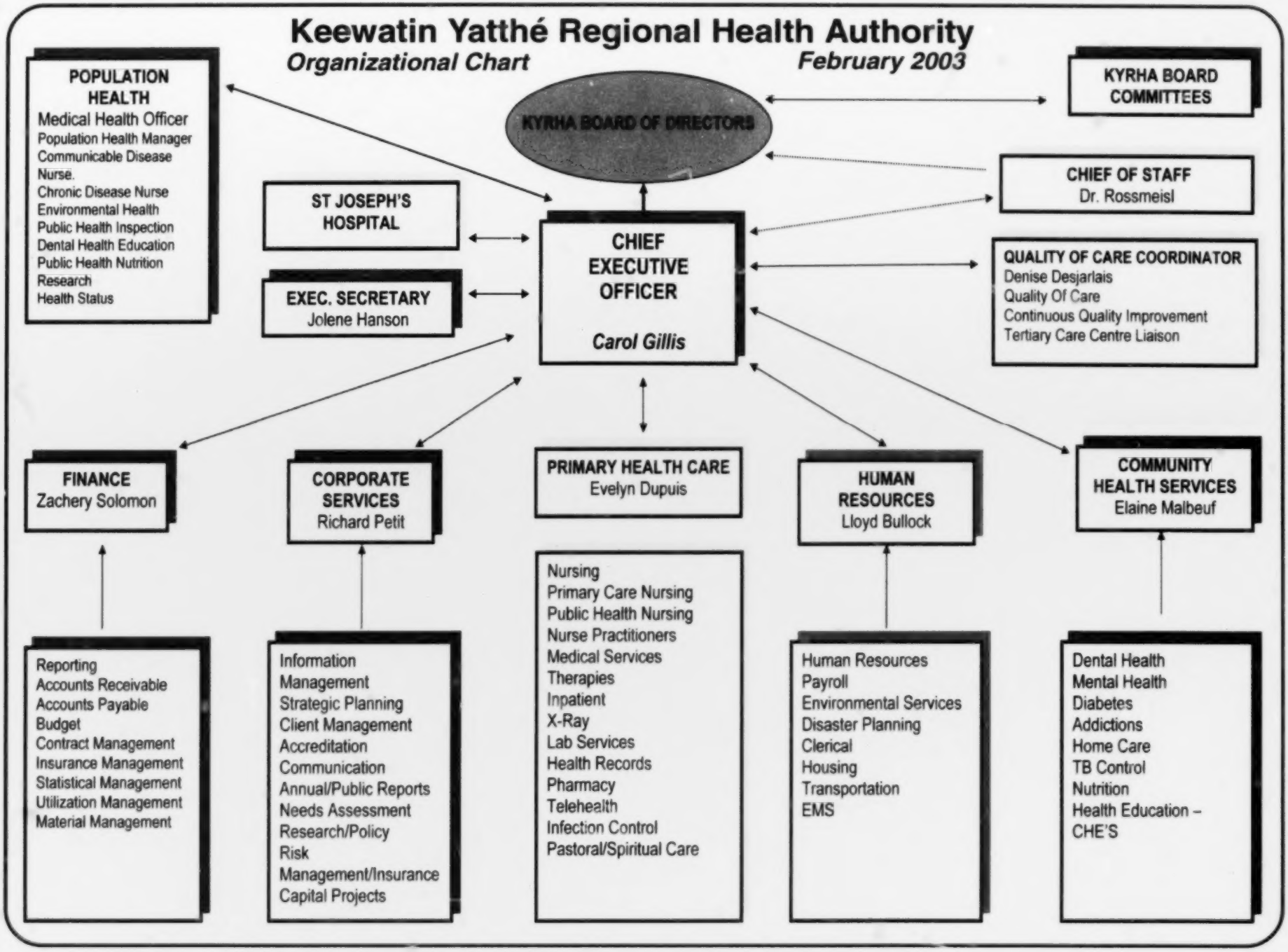
Keewatin Yatthé Regional Health Authority

Organizational Chart *February 2003*



Keewatin Yatthé Regional Health Authority

Organizational Chart *February 2003*



MESSAGE FROM THE CHAIRPERSON AND CEO

On behalf of the Keewatin Yatthé Regional Health Authority (KYRHA) we are pleased to present the region's first Annual Report. The annual report provides residents and stakeholders with a summary of the authority's accomplishments, challenges and opportunities. Also included is an overview of the programs and services offered by the health region. The annual report also provides an opportunity to the communities served to provide feedback and comments, which are encouraged and welcomed.

The Keewatin Yatthé Health District was dissolved on July 31, 2002 and became the Keewatin Yatthé Regional Health Authority on August 1, 2002 as outlined in the Regional Health Services Act, under which the Authority is now governed. No changes were made to the geographical boundaries.

Regular monthly meetings of the Board are open to the general public and meetings will continue to be held throughout the region. Dates and location of meetings are advertised monthly on MBC Radio, The Northern Pride newspaper and posters in all communities.

Current Board Members are:

Rose Daigneault, Chairperson, Ile a la Crosse
David Seright, Vice Chairperson, Buffalo Narrows
Tina Anderson, Green Lake
Lester Herman, La Loche
John Janvier, La Loche
Ross Macleod, Buffalo Narrows
Dorah Montgrande, Dillon
Louis Morin, Jans Bay
Gloria Apesis, Patuanak
Yvette Morin, Ile a la Crosse

There are two Board vacancies, which will be appointed by the Minister of Health.

We wish to acknowledge former Board Members for their work and dedication: Max Morin (Chairperson), Angie Mihalicz, Therese Daigneault, Patrick Campbell, Philip Durocher, Norman Opekokew, and Dorah Montgrande.

We also wish to express our thanks and appreciation to the Board Members, Senior Management, program managers/coordinators, professional staff, support staff, administrative support staff, physicians, and volunteers. A special thanks to the region's partners and communities for their continued support.

The future holds many challenges and opportunities, such as, facilities to be built, young people to mentor and train, partnerships and relationships to develop and enhance.

We are confident with our caring and dedicated staff, Senior Management and the Board, we will continue to provide the highest quality of care and service to our people to ensure positive outcomes.

Yours truly,

Rose Daigneault, Chairperson Carol Gillis, CEO

REGIONAL ENVIRONMENTAL SCAN

I. THE ENVIRONMENTAL SCAN IN NORTHERN SASKATCHEWAN STRONGLY INDICATES FOUR POINTS:

a) Growing population versus a static or decreasing population in other regions of the province;

b) Significant health status inequities in northern Saskatchewan in the areas of infectious diseases, injuries, and some chronic diseases;

c) Significant challenges related to the underlying socio-economic conditions in northern Saskatchewan; and

d) Challenges meeting the health needs of people in northern Saskatchewan because of the large geographic areas, the difficulties and expense of travel, the recruitment and retention of staff, the need for health promotion to impact on the health inequities, and the increasing need for curative and rehabilitative services for seniors and those with chronic illnesses.

1. DEMOGRAPHICS & GEOGRAPHY OF KYRHA

a) Population size - 11,147[1]

- 34,600 for some services provided by Mamawetan Churchill River Regional Health Authority (MCRRHA) & KYRHA in a co-managed approach.

b) The KYRHA population is made up of 57% Metis, 26% First Nations on reserve, 10% First Nations off-reserve (93% Aboriginal) and 7% non-Aboriginal.

c) Growth in comparison to province

- **Census data:** Northern Saskatchewan had a 3% increase in population 1996 to 2001 compared to a decrease in population of 1.1% in the province. (Other examples Prince Albert 0% growth, and one census division had a 9.9% reduction).

- In a Health Services Utilization and Research Commission of Saskatchewan (HSURC) study[2], a 24% increase in population was predicted for KYRHA in 15 years compared to 1% for the province.

- Projected increases over the next 15 years in the < 5; 20 to 30 and 44 to 70 year age groups will impact on early childhood, and age groups influencing obstetrical services and most greatly the services related to chronic diseases (Need for enhanced home and rehab services, diabetes and heart disease management and education, emergency cardiac care, etc.).

d) Growth rate in seniors as compared to the province – in a population projection study, HSURC predicted a 51% increase in seniors in KYRHA in 15 years compared to a 6% increase in the province.

e) Proportion of youth:

- 44% under age 20 versus 28%.

f) Geographic challenges:

- The northern regional 'local authority' serves over 317,000 square kilometers. (Almost half of the province).

- There are large distances within each of the RHAs between the various communities with resulting relative isolation of staff, challenges of retention, and extensive travel required.

- There are significant travel challenges physically and fiscally, because of the isolation, road conditions and inclement weather.

2. *REGIONAL ECONOMIC TRENDS (plus other health determinant information)*:

a) Rate of low-income levels-poverty.

- Poverty is correlated with poor health.

- In northern Saskatchewan, 32.3% of the population is classified as low-income by Statistics Canada as compared to 14.3% for all of Saskatchewan. (La Loche, the largest community in KYRHA, with a population of approximately 2,800, 55% were classified as low-income in 1996).

b) Education levels:

- Education levels correlate with levels of health status.
- In northern Saskatchewan 29.6% of the population over age 15 years have less than Grade 9 education versus 13.2% for the province as a whole, and 21% for Canadian First Nations.
- Only 45% of northern youth are attending school compared to 58% provincially.

c) Employment/unemployment:

- 20% of the northern labour force is unemployed compared to 7% of the provincial labour force.
- 65% of northern youth have dropped out of the labour force compared to 35% provincially.

d) **Teen pregnancies** account for 25% of births in the north, compared to 10% provincially, and adversely affects education, employment and income levels, which impacts on health status.

II. HEALTH STATUS OF THE RESIDENTS (Complete report in appendix C):

1. Infant death rates:

- During the period 1990 to 1999, twenty-seven infants, who were less than one year of age died. Twenty of the infants were non-First Nations children.

2. Premature mortality rates - Potential years of life lost (PYLL):

- In 1995, injuries were the number one cause of PYLL in Saskatchewan. In northern Saskatchewan, the rate was three times higher for premature deaths due to injuries, than the provincial rate of 54.6 versus 18.1 per 1,000.
- Suicide was the most common cause of premature death in northern Saskatchewan, and was approximately two and a half times higher than the provincial rate of 11.2 versus 4.38 per 1,000 under the age of 75 years.
- Death rates for youth for the period 1995 to 1999 for self-inflicted injuries, were 2.4 times higher in northern Saskatchewan than the provincial rate.

- Hospitalization rates for self-injury for youth, 1995 to 1999, were 2.5 times higher in northern Saskatchewan than the provincial rate.

- The significant impact of injuries and violence call for increased action in the areas of mental health and suicide prevention, alcohol and drug abuse prevention and rehabilitation, injury prevention education, and emergency response capacity.

3. Communicable Diseases - including Sexually Transmitted Diseases (STD), Tuberculosis (TB) and others:

    - In 2001, thirty-nine new and reactivated cases of TB were reported, and thirty-two cases were off reserve. La Loche accounted for almost twenty-five percent of the provincial new TB cases.

    - In 2001, the rate for chlamydia and gonorrhea in KYRHA was seven times the provincial rate. The number of cases in northern Saskatchewan was nearly the number seen in Regina or Saskatoon Health Regions.

    - In 2001, there were fifty clients in the KYRHA communities with hepatitis C and fifty-five percent of these reported injection drug use as one of their risk factors.

    - In 2001, enteric disease rates for gastrointestinal, water and food borne infections in northern Saskatchewan were two and one half times the provincial rate.

4. Chronic disease changes - diabetes, heart disease, cancer:

    - In 1996, the prevalence of diabetes in northern Saskatchewan was sixty percent higher than the provincial rate. Since that time, increased awareness has resulted in more individuals being diagnosed. In 2001, there were 300 diabetics living off reserve in the region. The diabetics living on reserve also utilized the region's health centre and physician services.

    - The rate of lung cancer and cervical cancer for the northern RHAs was the highest in the province.

    - Heart disease is an increasing issue in northern Saskatchewan with the number of hospital admissions for circulatory diseases increasing by fifty percent in a decade.

5. Teen pregnancy:

   - Teen pregnancies accounted for twenty five percent of births in the north as compared to the provincial rate of ten percent.

   - Teen pregnancies are one of the more serious generational issues our population must overcome. As indicated in the strategic plan "babies are a form of security for young, single women and a method to obtain welfare and housing".

6. Children's dental health indicator:

   - Northern children have two to three times as many decayed, missing or filled teeth as the Saskatchewan average (Drill Fill Missing Teeth - DFMT).

   - Referral to dentists for twelve to sixteen year olds indicated that students and/or their parents are not taking responsibility for their dental health, and practicing or having opportunity to practice proper dental care, as taught to them in their earlier years by the Dental Health teams.

   - The sheer volume of students the teams had to deal with and their ability to do as much teaching and preventative screening as they desire, may have been another reason. In the 2002 - 2003 school year, over one thousand children were enrolled in La Loche K-12 and seventy in preschool.

7. Seventeen point one percent of northern Saskatchewan residents indicated they had unmet health-care needs compared to twelve point five percent of Saskatchewan residents, almost forty percent higher, and was higher than Nunavut and Yukon and equal to those in the Northwest Territories [3].

III. COMMUNITY/CLIENT/KEY STAKEHOLDER EXPECTATIONS:

The Keewatin Yatthé Health District (KYHD) developed a strategic plan, based on extensive consultation with the community about their health priorities and was adopted by the KRYHA. Community members expressed their ideas and their concerns were very valuable. However, it led to increased expectation from community members for action to address some of the health status inequities.

The top health concerns identified in the community consultations were:

1. Drugs are being sold in the community by community residents. According to RCMP, drugs were distributed in affordable quantities for youth to purchase at two dollars a joint.
2. Children are having children, which perpetuates poor parenting skills.
3. There are high levels of violence in the community.
4. There are high levels of abuse - physical, sexual and emotional.
5. The community will not look at its problems - denial.
6. There are high levels of family breakdown.
7. People do not take responsibility for their own health.
8. People use health professionals for services they can do for themselves in their own homes.

9. People do not have an attitude of self-reliance.
10. Parents do not look after their kids.
11. Services are not organized to promote the physical, mental, social and spiritual aspects of life.
12. There is a need for more support for family healing.
13. Programs should be designed to work with families.

14. There are jurisdiction issues between treaty and non-treaty.

15. There is too much gambling in communities.

16. Diabetes is an increasing concern.

17. There is a need to focus on family wellness not just on individual wellness.

18. The health care system just treats the symptoms, if the family and community are sick, not the cause.

19. The community needs to identify issues, solutions, and implement the solutions.

The core idea of our solution(s) to these high priority community issues is **"a wholistic health strategy based on health reform principles and increased self reliance"**.

[1] Saskatchewan Health 2002 Covered Population data

[2] HSURC. Planning for Saskatchewan's Future:
Population and Health Status Projections to 2015 (Revised).
Summary Report 15; April 2001.

[3] Statistics Canada and Canadian Institute for Health Information, May 2002

PROGRAM SUMMARIES

PROGRESS AND REPORT

POPULATION HEALTH UNIT (PHU)

The Population Health Unit, which is comprised of fifteen staff members, focuses on the factors that enhance the health and well-being of the overall northern population. **Population Health** is concerned with the living and working environments that affect peoples' health, the conditions that enable and support people to make healthy choices, and services to promote and maintain health. These include:

- Environmental Health.
- Communicable Disease Control.
- Chronic Disease Control.
- Dental Health Education.
- Public Health Nutrition.
- Health Indicators.
- Management.
- Medical Health Officer Services.

OVERALL ACCOMPLISHMENTS

The PHU is the communication link between the three health authorities in Northern Saskatchewan. Through the Co-Management Partnership Agreement signed by the three authorities, the PHU coordinates the monthly meetings of the Co-Management Advisory Group. It is the working group for communication, sharing, collaboration, cooperation and coordination of northern programs, initiatives and services. In addition, the PHU also coordinates the quarterly meetings of the Co-Management Partnership Committee, which is the governance group, on a regularly scheduled basis. An internal evaluation of the co-management process was undertaken in 2001-2002 and an external evaluation is ongoing.

The Medical Health Officer and PHU Manager serve as members of the Northern Health Strategy working group. One major accomplishment was the organization and coordination of the Romanow Commission visit to La Ronge in July 2002, to present the Northern Health Strategy. Another key accomplishment was the development of a letter of intent for funding through the primary health care transition fund and participation in several strategic planning sessions.

In the field of uranium monitoring, the PHU facilitated a number of studies, such as, moose and polonium 210 studies. A mine workers' epidemiological feasibility study was also supported by the PHU. Several environmental impact assessments were reviewed and all the operational uranium mine sites were inspected. Further, a variety of different research projects were undertaken with external funding including the food costing survey, injury prevention, HIV/ Aids, forest fire health impacts and multiple resistant staph aureus (MRSA).

The PHU provided health status reports pertaining to the North and the three individual northern health authorities, as well as, the Community Health Action Planning process for Mamawetan Churchill River Regional Health Authority (MCRRHA). A variety of other reports were made on specific issues, including but not exclusive to, smoking rates, public water systems, and other health issues.

While the PHU is a component of the three northern health authorities, more interaction occurs with MCRRHA because it is the local authority and employer for the majority of the PHU staff and functions, such as, budget development, policy and procedure review, Occupation Health and Safety, etc. are determined at this management level.

This past year reinforced the phrase **'expect the unexpected.'** The focus on abandoned uranium mines in the far north and the mine site in Creighton, SK involved a great deal of research, on site meetings and follow-up to ensure public health and safety. The water contamination outbreak in Saskatchewan resulted in significant attention and efforts to ensure this did not occur elsewhere. Last summer, West Nile Virus became a common term across the country, as serious health problems occurred due to mosquitoes. The PHU will provide educational information to communities about mosquito control and surveillance of particular infested dead birds and mosquito speciation testing, prior to next summer. Bio-terrorism response plans were also developed.

Other key initiatives supported and advanced by the PHU included the harm reduction program in Ile a la Crosse and La Loche; diabetes screening program in La Loche; service assessment, research and staff training support for infants and children at risk; support to Kids First North; and tuberculosis assessment and contacts. Ongoing in-service and education sessions were provided to health care staff, other partner organizations and communities in person, telehealth, and teleconference, which covered topics, such as, nutrition, heart health, oral health, nursing, and a range of others.

In the area of chronic disease prevention, the northern diabetes prevention coalition received funding from Saskatchewan Health and several northern partners to help advance healthy eating policies and physical activity initiatives in schools and organizations. Awareness messages were enhanced to include other chronic problems such as heart disease and some forms of cancer. Efforts were also intensified to increase mammography services through targeted health promotion strategies. Skill development workshops, with inter-sectoral partners, are also being designed and planned to help enhance and achieve effective health promotion and sustainable community development action.

Public health nutrition strategies included the planning and delivery of a telehealth "Nutrition Workshop" for front line workers with 125 participants in five northern sites. Having the opportunity to assist in the training of two dietitian interns was beneficial to both our northern program and the interns.

The dental health educator had the opportunity to attend Health Canada's new oral health strategic training and was able to provide the same training to Kids First North staff, and the dental teams for the RHAs. The focus of the strategy is on early childhood tooth decay prevention, overall health and well being of mothers and new babies. Several resources in the

same area were developed including posters, pamphlets, tear sheets and bookmarks. As part of the Northern Health Strategy, the dental health educator took on a key role in the development of a comprehensive north-wide dental initiative involving health regions and First Nations.

The PHU nurse epidemiologist completed work on the new edition of the Saskatchewan Immunization Manual and the reference manual for public health nurses across the province. A new communicable disease control nurse was recruited in November 2002 and ongoing orientation was provided. Assistance was provided to develop an implementation strategy for two new targeted provincial immunization programs. A five day Hepatitis C workshop was coordinated that included nurses from several health regions and agencies. The workshop was developed by the Canadian Nurses Association and funded by Health Canada and the purpose was to increase nursing competency to care for clients with Hepatitis C and to provide prevention programs in communities.

The new communicable disease control nurse was assigned the lead role for pandemic flu planning and providing guidance and support to the health regions in infection control and Communicable Disease Planning. In conjunction with the Medical Health Officer (MHO), assistance was provided for the coordination and sharing of Severe Acute Respiratory Syndrome (SARS) information and in conjunction with the lead nurse epidemiologist, assistance was also provided to coordinate the Hepatitis Workshop.

ENVIRONMENTAL HEALTH

Structure

* Reorganized the filing system.

* Developed work plans for each Public Health Inspector (PHI) and the overall program.

General

* Conducted Tobacco Control Act education activities and inspections.

Water

* Received Long Term Drinking Water Strategy funding which recognized the large number of public water supplies in Northern Saskatchewan.

* Participated in the Shared Water and Sewage System Committee to raise the awareness of systems, which serve both on and off reserve areas.

* Received largest number of precautionary drinking water orders and emergency boil water orders for the province during this period.

* Inspected two hundred and two tourist camps that met the pre-determined inspection criteria.

Sewage

* Involved considerably in the installation of the new sewer and water system in Stony Rapids.

Housing

* Targeted a number of communities to encourage progress in reducing substandard housing.

Food

* Conducted seventeen courses for two hundred and seventy four participants in Safe Food Handling.

Partnerships

* Continued excellent partnerships with Saskatchewan Environment Eco-Regions and government departments.

KEY ISSUES

Recruitment and retention, particularly in the public health inspection and clerical areas, continued to be challenging. Workload, timelines, expectations and equitable service provision are ongoing issues for the shared positions and programs of the PHU.

QUALITY CARE COORDINATOR (QCC)

"Authorities are responsible for assessing the health care needs of residents, planning the delivery of health services and evaluation results. Regional Health Authorities must continue to be held accountable, and their efforts will be more effective through the support of Quality Council." ***(Saskatchewan Action Plan)***

A brochure regarding the concern/complaint handling process for KHRHA was produced and distributed. The Health Authority welcomes client feedback on health needs, expectations and experience(s) with health programs/services. It is viewed as an opportunity to improve the quality of the programs/services provided to clients.

Concerns are taken seriously regardless of complexity; some concerns can be addressed immediately, while others may take considerable time to investigate. These concerns may lead to recommended short and/or long-term change. The goal is to address and resolve concerns/complaints to the satisfaction of the client and Health Authority. Twenty-nine concerns/complaints were received and processed during the year.

The QCC was also involved in safety issues for staff and clients. Several train the trainer safety courses were offered which provided trainers to train other staff in the region.

KRYHA will face new challenges in the future, but the one most challenging will be attaining **Accreditation**.

COMMUNITY *Services*

REPORT

ADDICTIONS

- Work continued with the Northern Lights School Division for Addiction Education to be presented to the High School students in the fall of 2003.
- Piloting of the first Community Mobile Treatment Program is scheduled for the fall of 2003.
- The three-week Outpatient Program continued in La Loche. The program utilized the services of other community agencies to provide a wholistic approach to community based addiction recovery.
- Addictions Recovery and Education Services took the lead role in establishing a regional multi-disciplinary committee to address the effects and prevention of Fetal Alcohol Syndrome (FAS).
- The Addiction team has four trained individuals who provided education and prevention strategies for residents with Problem Gambling issues.
- An After Care process was developed to track and assist clients who completed an Inpatient treatment program.
- Work continued on the Family Healing Unit located in the La Loche Health Centre.
- Partnership development continued with the Clearwater River Dene Nation Treatment Centre in La Loche.
- Policies and Procedures, as well as, Code of Professional Practices and Code of Ethics are in the final stages of completion. Steps have been taken to have all Counselors certified through the Canadian Addictions Counselors Certification Board.

MENTAL HEALTH SERVICES

- Work continued on the integration of a comprehensive database to track the number of clients managed, client visits, community education events and the number of participants and the number of employee interactions with other agencies and service providers.
- Work continued on the process of refocusing the Community Support Workers (CSW) program to be more a part of the Mental Health teams.
- A clinical Psychologist was contracted to also provide staff with clinical support/ consultation and also staff training and development.

HOME CARE PROGRAM

- Consistent nursing support to clients continued to be a program priority.
- Staff training on the standardized assessment tool, Saskatchewan Client Information Profile (SKIP) process and a case management system was initiated, which will enhance the management of home care clients.
- Palliative Care and Adult Day programming are also part of the continuum of care.

DENTAL PROGRAM

- Recruitment efforts are ongoing for an additional dental team in La Loche.
- Dental program staff concentrated on the pre-school population.
- A workshop on the importance of oral health was provided to the Kids First North employees.
- Dental teams were involved in the community baby showers in Beauval, Ile a La Crosse, and La Loche.
- Dental teams worked with Headstart and daycare programs in the communities.
- The dental therapists successfully completed the space maintainer course.
- A regional meeting was held to review a draft of the policy and procedure manual.
- The National School of Dental Therapy held a field clinic in La Loche for eight weeks.

CANADA PRENATAL AND NUTRITION PROGRAM/PUBLIC HEALTH NUTRITIONIST

- The PHU Nutritionist assisted KRYHA to recruit and hire a public health nutritionist. In addition, the PHU Nutritionist chaired the Provincial Public Health Nutritionist Working Group and the Canadian Prenatal Nutritionist Working Group.

- The KRYHA provided sponsorship to the Northern Nutritionist Project, a Canada Prenatal Nutrition Program (CPNP). The nutritionist provided support to pregnant women to help reduce disparities and improve pregnancy outcomes by supporting mother and child.

- The program also strived to increase the availability of health care services to ensure all people have the same access to the appropriate services.

- In partnership with Health Canada and the CPNP, fifty percent of the nutritionist's time was spent providing support to the CPNP outreach workers in Ile a La Crosse and La Loche. The remaining fifty percent was spent providing Public Health Nutritionist services to other areas in the region.

- The role of the Public Health Nutritionist is very important to the long-term sustainability of food security, health promotion and disease prevention, such as, Type 2 Diabetes. This is accomplished through policy development and implementation, advocacy, team building, and other public health efforts. The Public Health Nutritionist worked closely with other health care providers in the region to ensure the residents received optimal health care and had access to nutritious foods.

YOUTH PROGRAM

- Continued to provide community visits to lend support and assistance, when needed.
- Continued to assist communities with the location of funding sources for community programs and activities.
- Continued to act as a liaison between communities and KYRHA.
- Continued to build on and supported existing programming within communities.
- Continued the promotion of the Northern Saskatchewan Youth Code of Wellness.
- Attended meetings to provide positive and meaningful input on youth development and empowerment.

- Continued to assist with community presentations and promotion of the Northern Diabetes Prevention Coalition.

- Promoted partnership development and capacity building for the improvement of Northern Youth.

- Continued progress towards establishing goals and objectives for youth opportunities for employment, education, justice, health and skills development through the Northern Human Services Partnership.

HEALTH EDUCATION

- The Health Educator promoted healthy living and encouraged responsible, informed personal health practices to people of all ages within the region. **Health Promotion is " the process of enabling people to increase control over the determinants of health and thereby improve their health".** The goal is to make it possible for people to identify and address their own health concerns, with professional help, as needed. People cannot be healthy unless they have control over their own lives.

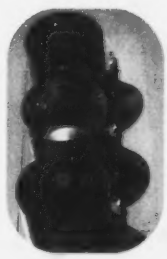
- There are eleven Community Health Educator (CHE) positions in the region. The CHE's are front line workers and often considered community developers.

- The revision of the CHE program continued to be a priority and plans are underway to review and revise the provincial CHE job description to ensure it reflects more of a community developer function.

- The training of CHEs. and other community resource people, to deliver health education programs, such as, parenting, smoking cessation, grieving, diabetes and other health topics continued.

SAFE DRIVING PROGRAM

- The Safe Driving Program continued to provide support to residents of the region convicted of impaired driving offences, and residents were provided with addiction screening, assessment, treatment and recovery services by professionally trained staff.



- The Safe Driving Program continued to serve as an effective tool for the region's Addiction staff.

SUCCESSFUL MOTHER'S SUPPORT PROGRAM (SMSP)

- The KYRHA continued to provide sponsorship support to Ile-a-la-Crosse Friendship Centre for the delivery of the Successful Mother's Support Program.

- The program continued to serve the needs of young and disabled parents living in disadvantaged conditions.

- Work continued with the Kid's First North program staff in addressing health, nutrition, and lifestyle issues related to the well being of infants, young children and their parents.

- The SMSP Coordinator organized and coordinated the provision of the "Good Food Box" Program to program participants and other interested parties in the community. Due to increased demand, the "Good Food Box " Program was expanded into other communities.

YOUTH WELLNESS PROGRAM

- The Youth Wellness Program continued to provide sexual wellness community education and prevention activities to residents of La Loche and area.

- The Youth Wellness Worker functioned as a member of the Primary Health Team and continued to be actively involved in contact tracing for sexually transmitted diseases. In concert with the Child and Youth Worker, the program continued to organize interested youth in other communities to begin the same awareness projects.

CHILD AND YOUTH BEHAVIORAL PROGRAM

- The past year was very challenging and progressive for the child and youth behavioral program. In the northern communities, it continued to be complex with agencies that service the communities, having a year of staff turn over, and the tendency to work in crisis driven situations and also, staff learning their new roles/responsiblities. The youth with complex, multiple and overlapping problems continued to fall between the cracks for various reasons, including lack of specialized resources, funding criteria, Departmental mandates, policies and practices.

- The integrated case management program and integrative wraparound process was recognized as applying the best practice approach in working with children and youth with complex needs. There were several orientations on the process and there has been a continuous inquiry about the process from various agencies and communities.

CURRENT CHALLENGES:

- It is not so much the resistance to change that is a significant challenge to adopting the integrated approach; it is more the implementation of an integrated and collaborative approach. Agencies continued to resort to crisis driven case loads and have perceived the integrated approach as time consuming, and were challenged to use the integration process. The integrated wraparound process is reviewing and developing a process to address and support the human services sector in the implementation of the process. It is not specific to the north; but also a challenge at the provincial level, as well.

- Resources have been an ongoing challenge for the program, and services to children and youth are minimal. There is no organized service for child and youth mental health

and availability of psychiatrists, psychologists and therapists is minimal. It creates challenges for the child and youth with serious mental disorders, such as, depression, and life threatening conditions, behavioral and anxiety disorders.

- Time and distance factors are often obstacles to collaborations, as well. It can be difficult to attend case conferences and have all the needed resources scheduled at the same time. It often results in long waits or not having all the necessary support available for the conference. Encouraging more self-reliance, resource development and community-based emphasis on services will help the challenge.

PROPOSED INITIATIVES FOR (2003 - 2004)

- The next year will be a continual promotion of integrated case management and building the collaborative strength based approach in working with children, youth, communities, and agencies. The recent initiatives and program changes with Kid's First North, School Plus, Primary Health and Youth Criminal Justice Act will promote this process.

- In the upcoming year focus will be on the development of a statistical study in order to assess the needed resources and processes required to meet the needs of children and youth with complex needs. Prevention and building support systems will also be a focus.

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PRIMARY HEALTH *Services*

REPORT

PRIMARY HEALTH SERVICES

Since June of last year a functioning enthusiastic Health Care Team was developed in La Loche. It consists of Physicians, Primary Care Nurses, Acute Care Nurses and staff, Addictions, Public Health Nurses, Kids First, Mental Health Staff, Nutritionist, Rehabilitation Staff, Community Service Staff, Home Care and Members of the Clearwater Tribal Council Health Team. Partnerships to help with ongoing initiatives and services have also been developed.

Services to La Loche have benefited in a significant manner from the TEAM and PARTNERSHIP approach to client services.

Goals of the team and its partners:

- To provide a multidisciplinary, seamless approach for preventive, proactive, curative, long term care and palliative care to the community of La Loche and surrounding area.
- To integrate services of team members and partners to provide wholistic care.
- To be a magnet environment with emphasis on teaching and learning for team members, partners and clients.
- To develop programs that are functional and appropriate for the Community of La Loche and the surrounding area.

The Nurse Practitioner in La Loche, in association with the Primary Care Team members, and partners, has implemented significant improvements to the services to prenatals and infants.

Gains in this area have been significant and measurable, they included:

- Regular well attended Prenatal classes/clinics.
- Improvements in Prenatal Nutrition.
- Decrease in Smoking and Alcohol ingestion in pregnancy.
- Increased access to Birth Control and STD Information and services.
- Increase in the number of Pap Smears.

The integrated services to the Prenatals have had some spin-off effects that were unexpected.

They included:

- Increased presentation of mothers with their teenage children for fertility advice and service provision.

- Increased support for initiatives from older women in the community, not only for services to women, teenagers and infants, but for other chronic illnesses follow-up.

Screening for breast cancer was carried out by the provincial screening unit and was well attended, and there has been continued emphasis on the need for ongoing self-examination. This process will need to continue, as there is a significant gap in compliance in that area. An educational process will need to be directed to younger women in the next year.

STD levels are high in La Loche. A special effort has been made by team members and partners to lower, not only the incidence of disease, but also to, decrease complication rate, and locate all contacts for treatment.

There has been an improvement in the level of identification and contact tracing since the addition of the sexual wellness worker to the team. There is an ongoing screening program in partnership with the Provincial Laboratory to identify and monitor the levels of ureaplasma and mycoplasma, as well as, other STDs.

The team approach to TB has also been effective for identification, treatment, education and follow-up of cases and contacts. TB Control from Saskatoon partners with us to provide regular TB Clinic services in La Loche, as well as, ongoing consultative contacts.

Identification and treatment of new cases of TB in La Loche has required team members and partners to be alert and consistent, in following up of identified cases and undertaking ongoing surveillance for new ones. TB treatment is dependent on daily administration of TB Drugs, consistency and teamwork. The TB worker and Public Health Nurses have proven to be invaluable members of the team.

La Loche is involved in a pilot project to assess the efficacy of the methods used to identify the bacteria that cause TB. This involves looking for TB bacteria in stool, and this method has already had a positive result. Stool sampling for identification of active TB infection will be tested against traditional methods of identification over the next year.

The Primary Care Team and its partners are developing a screening plan for identification of diabetes in asymptomatic individuals. This screening will be of all adults above the age of 25 years in the La Loche area.

The team and the partners will continue to put a lot of time and effort into this initiative. It will be implemented in August 2003 and will continue until August of 2004.

The diabetic initative will not only look for new diabetics but will provide the following:

- Regular Diabetic screening of high-risk clients at any age.
- Consistent management, according to the clinical practice guidelines, monitoring recall and follow-up for all diabetics on a regular basis.
- Ongoing education regarding healthy lifestyles and prevention of diabetic complications.
- Regular access to dietary and nutrition consultation services.
- Regular access to foot care.

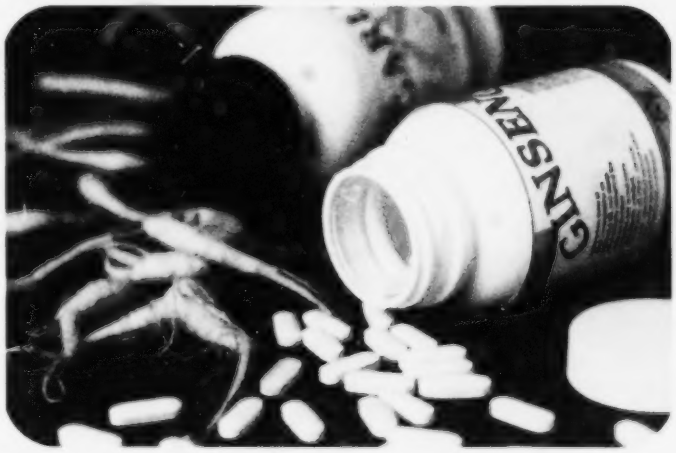
There were approximately forty diabetics, and more cases are expected to be identified.

The incidence of trauma in La Loche has been monitored over the last year by the "Beer Bottle Ban Study" and has occurred in partnership with Saskatchewan Liquor and Gaming Authority (SLGA). The pilot project reviewed documentation of all trauma presentations to the emergency room over the last year. It will be compared to presentations to the emergency room with trauma before the "Beer Bottle Ban" was instituted. Statistical information is not available at this time, as the study is ongoing.

Over the last year the Interagency Team investigated methods of decreasing the community exposure to all forms of drugs, and looked for a proactive approach to the prevention of drug abuse and its complications. A needle exchange program has been developed and implemented, and is functioning well.

The **Addictions Team** has provided ongoing education and access to inpatient care in partnership with the Clearwater River Dene Nation Detox, which is in close proximity to La Loche.

Ongoing interactions will continue with the team and partners to improve inpatient and outpatient services through the next year.



Long Term Care has been opened and staff are developing protocols and procedures required for implementing a full service. This will take time, as will ongoing staff education for employees in partnership with Northlands College. Local Graduates of Northlands College Licenced Practical Nurse program have been hired and ongoing recruitment of staff will continue.

A multidisciplinary integrated charting system has been developed and is awaiting implementation, and a paperless charting system is under consideration at this time.

Integrated, multidisciplinary charting will enhance the ability for the team to manage client care more effectively and in a more appropriate fashion. Poor communication, has been identified by the team and its partners as a barrier to wholistic care.

Grand Rounds and weekly presentations have commenced with Team members and partners. The aim of these initiatives is to provide team members and partners with access to ongoing education. All team members will take part, and are expected to present a topic of interest to the group.

Integrating Itinerant Specialists into programs has already commenced and in the future, increased access to services will be enhanced and, utilize partnerships to facilitate new services.

Specialist services provided were:

- **Ophthalmology** clinics three times yearly.
- **Retinopathy screening** has just begun and will be partnered with the Ile a la Crosse clinic and Northern Medical Services.
- **Obstetrics/Gynecology** visits three times per year.
- **TB Clinics**, through partnership with TB Control, every three months.
- **Dental Clinics** in partnership with the school of Dentistry proved to be very beneficial for both the Dental Students and also provided excellent access for community members who would otherwise not have been able to access service.
- **Obstetrics/Gynecology** ultrasound clinics.
- **General Ultrasound Clinics**.
- **Physiotherapy and occupational therapy**.
- **Ear/Nose/Throat Clinics** three times a year.
- **Dermatology Clinics.**

There are ongoing efforts to increase the number and types of itinerant specialist visits to the La Loche Health Centre, as well as efforts, to integrate clinics with Ile a La Crosse and Northern Medical Services, so as to provide better access for all residents of the region.

These initiatives have taken considerable time and effort to plan and implement and many challenges remain. These challenges include being able to recruit consistent levels of service providers and continue to initiate programs within the available resourses (financial and human). In addition significant areas of need have been identified for which programs have not yet been developed.

Those areas include but are not limited to:

- **Children's Clinic** for children under five years of age. There are a large number of children with respiratory illnesses, poor nutrition, dental caries (nursing bottle mouth) and anemia.
- **Teen Clinics** directed at fertility, relationships, drugs, alcohol and STD prevention.
- **Palliative Services.**
- **Cardiovascular Risk Clinics.**

A **Director of Primary Health Services** has been hired. A regional primary health care plan is in the developmental stages and involves inter-sectoral groups, communities, facilities, multi-disciplinary staff and others throughout the region.

ACUTE CARE

Saskatchewan Health has designated the La Loche Health Centre and St. Joseph's Hospital as Northern Hospitals. The Health Centre/Hospital provided:

- 24/7 emergency services.
- General medicine.
- Basic lab and x-ray services.
- Observation, assessment, convalescent, long term, respite and palliative care.

A number of visiting specialists provided services in the region on a regular basis.

Outpatient health centers are located in Buffalo Narrows and Beauval. These centers are staffed with primary care nurses 24/7, physician on call in Ile a la Crosse and physicians provided clinics on a regular basis.

Clients who required advanced acute care were referred to other hospitals in Saskatchewan and Fort McMurray, Alberta.

THE LA LOCHE HEALTH CENTRE

The La Loche Health Centre was constructed in 2000 - 2001 and the first acute care admissions took place in January 2002.

Recruitment and retention of staff is ongoing, and continues to be very difficult and presents many challenges for both management and staff. Although these issues are being addressed, more needs to be done to enhance quality of work-life for staff.

The major challenge is to recruit and retain nurses and a combined lab/x-ray technician.

Skilled workers have been hired in housekeeping, dietary, laundry, maintenance, medical records, clerical, etc. and have proven to be very capable. Continuing education programs were offered on an ongoing basis.

Patient information was submitted to the **Canadian Institute for Health Information (CIHI)** on a regular basis. The mandate of CIHI is to receive reliable and timely health information to develop and maintain a common approach for health information in Canada.

Statistics for 2002-2003 were:

Admissions - 348
Patient Days –1,687
Average length of stay - 4.62
Total outpatient visits –18,744. (Includes clinic and emergency department)
Laboratory workload units – 201,067 – Tests referred to other labs – 8,642
X-Ray examinations – 2,629 – Workload units – 75,074

LONG TERM CARE (LTC)

KYRHA is committed to providing the best **long-term care** possible, and to supporting seniors and others in their homes and communities.

The La Loche Health Centre has six LTC beds, two respite beds and one palliative suite.

A Regional Supportive Care Committee has been established whose purpose is to assess, select and place clients in the most appropriate service to meet their needs. Representatives on the committee are from across the region and include home care, primary care and long term care professionals.

A meals on wheels program provided meals to six people, Monday to Friday.

A Special Care Aide training program is being planned to be held in the La Loche Health Centre and at Ile a la Crosse. The program will enhance the skills of those completing the course and improve the quality of care provided.

Quality of life for the residents will be improved though upgrading the skills of staff and acquiring resource material for leisure time activities. In addition, an Activity Coordinator was provided through Home Care.

The La Loche Health Centre has adopted a province wide computerized assessment system Minimum Data Set (MDS 2.0) for Long Term Care. MDS 2.0 is rapidly gaining recognition throughout the world as the standard resident assessment tool for Long Term Care. It captures essential data that becomes the foundation for improving the quality of life for residents.

Elders and people with disabilities do not want to leave their homes. They want to retain or at the very least attempt to maintain their independence within a familiar environment. The communities identified this issue during the facilities planning process.

BUFFALO NARROWS HEALTH CENTRE

The past year was very challenging and rewarding.

- Six relief nurses were recruited and the staffing situation was greatly improved.
- In March 2003, the clinic was given the responsibility for Home Care Nursing, and the program will be developed to provide high quality home care nursing.

* Weekly client conferencing was held with Mental Health and Home Care Workers to develop client care plans.

* The Upgrading of the emergency room commenced in February and is ongoing.

* **School teaching program** - The nurses presented a sex education program to high school students. This program was provided in conjunction with RCMP, Nutritionist, Mental Health Worker, Child and Youth Worker, Friendship Center, Methy Pathways, Social Services, and others as required. The purpose of the program is to make youth more aware/knowledgeable and to help them make better life decisions.

Future Goals:

* To set up a second examination room which will decrease client waiting time.

* To have the Primary Care Team members, such as, Primary Care Nurses, Mental Health Worker, Addictions Counselor, Community Health Educator, Public Health Nurses, Physicians and Home Care, located in the Clinic.

Statistical Information:

Clients seen by Doctors – 2,365
Clients seen by Primary Care Nurses – 6,987
Home Visits by Primary Care Nurses – 98
Phone Calls from Clients to Primary Care Nurses – 693

BEAUVAL HEALTH CENTRE

The past year was an extreme challenge for the staff to maintain quality care programs in the Beauval area due to staff shortages.

The renewal of the physicians' contract was another step towards providing continuous service and will enable staff to start up some chronic care programs.

During the past year, supplies and medication costs were kept within the budget and this was accomplished through client education and staff efficiencies.

Future Goals:

* To increase the hours of the Secretary for Addictions/Mental Health.

* To increase the doctors' clinic days by one day.

* To establish a pharmacy in the clinic.

Statistical Information:

Clients seen by Doctors – 1,515
Clients seen by Primary Care Nurses – 5,537
Phone Calls from Clients to Primary Care Nurses – 205

Both the communities of Beauval and Buffalo Narrows continued to investigate assisted living environments. KYRHA continued to be involved in the ongoing planning to ensure Home Care support will be offered in an effective and efficient manner.

PHYSICIAN SERVICES

Northern Medical Services (NMS) has provided physician services for many years through an alternate payment arrangement in Ile a la Crosse.

A separate alternate payment arrangement was successfully negotiated with a group of physicians to provide services to La Loche and area, with the assistance of Saskatchewan Health.

In addition to recruiting physicians, a Primary Care demonstration site was established to better serve the clients of La Loche and area.

A **Regional Medical Advisory Committee (MAC)** has been established composed of medical staff and administration representatives from La Loche and Ile a la Crosse, The MAC was established to advise the Board on matters having an impact upon or otherwise involving medical affairs whether such impact or involvement is direct or indirect.

Medical management and bylaws are being reviewed.

KYHRA continued to pursue itinerant physician services with the Polypartite Committee.

PUBLIC HEALTH NURSING

Public Health ensures the optimal health of residents through community based programs that focus on health promotion, health protection, disease prevention and treatment.

The Public Health program continued to be an important aspect of Community-Based Services, and the program works closely with the Community Outreach Workers program. In addition, there is an important link between the Kids First and the Public Health program, which share responsibility for the health and development of newborns and young children.

The Public Health program continued with immunization, pre and post-natal care, the wellness of infants, and general issues of public health including school screening, the tracking of communicable diseases, TB, and other infectious diseases.

The World Health Organization called Severe Acute Respiratory Syndrome (SARS), a new communicable disease that is a global health threat. On February 26, 2003, a man was admitted to hospital in Hanoi and was later diagnosed as the first known case of SARS in the world. The first Canadian case was diagnosed in early March 2003 in Toronto.

Information about SARS was distributed throughout the region to all health facilities and programs. A Regional SARS Committee was established with a mandate to develop protocols, procedures and guidelines to cope with the epidemic, should it be required. The Medical Health Officer worked closely with the region and provided up-to-date information on a continuous basis

More formal participation on primary health teams will be enhanced to improve health outcomes both individually and in the community as a whole.

LA LOCHE PUBLIC HEALTH NURSING

Immunization Program included infants, preschool and school children. Immunization in Saskatchewan begins at 2 months of age. In an attempt to complete the immunization and screening of preschool/kindergarten-aged children in a fun way, an annual Preschool/ Kindergarten Wellness Fair was held. The participating children moved from station to station having their height/weight done, ear canals checked, middle ear function, hearing and vision screened, dura-flor applied, and immunizations completed.

Other immunization programs provided were staff and travel immunizations, flu program and general public immunizations.

Child Health Clinics were held where children were assessed for growth and development, nutrition, and dental health. It also provided an opportunity for medical issues or other concerns of the parents to be addressed.

Child health teaching programs were also conducted and topics such as Nutrition, Anatomy and Puberty, Birth Control, Sexually Transmitted Infections, Body Image/Eating Disorders, Tuberculosis, HIV/AIDS, Good Touch/Bad Touch, Tobacco, and Diabetes were presented.

Safety teaching was conducted in conjunction with the RCMP.

A teaching program was conducted entitled **Body Walk** where the children learned about the different body systems. It was conducted in conjunction with the school and community volunteers.

Control and follow-up of tuberculosis and other communicable diseases are also the responsibility of Public Health.

Postnatal Follow-up was provided to as many mothers, as possible, within two weeks of delivery. There are an average of 65 babies born each year.

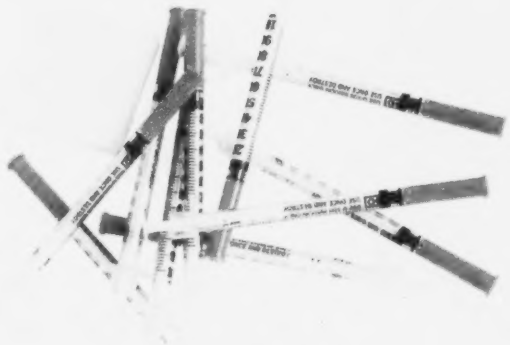
Wellness Clinics were held in conjunction with Home Care, and blood pressures, sugars, and education were provided to clients. The home care nurse and public health nurses received foot care training and are working on developing a foot care program.

Community Education was conducted throughout the year; the program involved utilizing radio and TV for public announcements and education.

Public Health was also involved on a variety of committees, which assisted KYRHA, and the local municipality.

Prenatal Program: In partnership with Clearwater River Dené Nation, the La Loche Canadian Prenatal Nutrition Program, Kids First, the Nutritionist and the local medical clinic, prenatal classes were offered.

Needle Exchange Program: The program hopes to achieve a decrease risk of disease transmission in needle users, a decrease in the dangerous disposal of needles, improved access to health care, addictions services for people using injection drugs and maintain confidentiality throughout the process. The program involved the cooperation of nurses, physicians, support staff, RCMP, Social Services, Addiction Services, community leaders, pharmacists and others, as required. The Village Council, Population Health and a local advisory board are supporting the program and the Public Health Nurses and Population Health will conduct an evaluation.



Diabetic Screening Project: The PHN's were involved in the Pilot Diabetes Screening Project for La Loche. While this program was in the planning stages during the last fiscal year, 2003 - 2004 should see an increased community awareness of diabetes and its prevention through community education.

THERAPIES

SPEECH AND LANGUAGE PATHOLOGY

- Completed a 'language learning and loving it' program with six preschool staff in Buffalo Narrows. The program was completed according to Hanen standards and included four videotaping sessions. Participation was excellent, and an improved level of language stimulation is expected.

- Participated in preschool screening in La Loche, screening middle ear function in one hundred and five preschool and kindergarten students. Forty-six

students required referral, suggesting there is a need for identification and monitoring of this health condition, which has a significant impact on communication development.

- Participated on a regional committee on Fetal Alcohol Syndrome.
- Continued assessment and consultation with individual clients; primarily preschool.
- Acquired education in the area of Brain Gym = Educational Kinesiology, and further training in Emotional Intelligence = resilience / self-improvement affecting clinical skills.
- Attended Acquired Brain Injury training in January and provided an opportunity to connect with other providers in the province.

Limited assessment and consultation with ABI because of available clinician time and reduced ABI assistant time.

PHYSIO/OCCUPATIONAL THERAPY

Physio/occupational therapy services were provided on a contractual basis out of Saskatoon. Client services are under review to ensure needs are met and expected outcomes are achieved.

- **Reviewing** options to move to full time.

ACQUIRED BRAIN INJURY PROGRAM (ABI)

Program Goal:

The goal is to implement the direct or indirect rehabilitation plan for the client with the brain injury and their family as set out by the Saskatchewan North Outreach Team (SNRT). This is accomplished through one-to-one hands on approach. The rehabilitation plan outlines procedures to aid the clients to restore, maintain and enhance function and quality of their lives, thus achieving maximum independence and successful re-integration into their community.

Mandate:

- To fulfill the requirements of Saskatchewan Health and Saskatchewan Government Insurance (SGI), in order to secure funding for the ABI Partnership Project.

- To assess the effectiveness of the program in relation to achieving client's goals.
- To assess the effectiveness of the program in relation to brain injury awareness, education, as well as, injury prevention.
- To assess the effectiveness of the program in relation to the integration and coordination of services.

Statistical Information:

Of the thirty-nine clients registered with the program, eleven were active as of March 31, 2003. The average age was forty-one years with a range in age from two years to eighty-two years. Males accounted for seventy-two percent of the clients. The Metis accounted for fifty-four percent of the ethnic population and fourteen percent were registered as Status Indians. The majority of clients or seventy-four percent had no insurance, which caused a great financial burden on the clients. The majority of time was spent with clients in therapeutic activities, which included Occupational Therapy, Physiotherapy and Speech Language Pathology services.

TELEHEALTH

Telehealth services located in Beauval and Ile a la Crosse were used to provide teaching opportunities for staff, and consultations for clients, as required. Discussions are ongoing to establish telehealth services at the La Loche Health Centre. Telehealth serves as a forum for the collection, exchange and dissemination of information. It promotes and encourages the use of telecommunications and related technologies in the delivery of health care and health education.

NORTHERN HEALTH STRATEGY

For several years, concerned northerners, health boards, health care staff and other organizations began sharing information and concerns about similar issues they faced in the north. They discussed their common concerns and searched for solutions.
Concerns included:

- Multiple and complex jurisdictions.
- Geographic distances.
- Small population.
- Cultural differences between north and south.
- Similar disease patterns and other health issues.
- Similar community aspirations.
- Similar health service deficiencies.

As a result of discussions, a number of partnerships developed which began to work together in various ways including:

1. Communication - information sharing.
2. Co-operation - independent groups.
3. Collaboration - new structures with authorities.

The idea of a Northern Health Strategy then emerged as:

"A unique health strategy for northerners - made by northerners - and implemented by northerners working together in a variety of relationships/partnerships."

It was agreed the northern way of approaching challenges is based on the following principles which the Northern Health Strategy encompassed.
It must .....

- Be wholistic.
- Place the individual within the appropriate family and community context.
- Recognize the North is unique (i.e. Health service deficits, geography, population growth, and language and cultural issues).

- Emphasize prevention not just treatment.
- Recognize and respect the complex jurisdictional issues.
- Recognize the health of northern people requires cooperation and support from departments and agencies that often do not view themselves as delivering "health" services.

The Northern Health Strategy Working Group was formed following a Board to Board meeting on October 20, 2001 of Northern Health districts/authorities. An Accord was signed by the leaders of the Northern Health Strategy in February 2002, and the working group, which is comprised of senior people, was formed with representation from:

- Athabasca Health Authority.
- Keewatin Yatthé Regional Health Authority.
- Kelsey Trail Regional Health Authority (Cumberland House).
- Mamawetan Churchill River Regional Health Authority.
- Northern Intertribal Health Authority.
- Saskatchewan Health, Northern Region.
- Health Canada, First Nations and Inuit Health Branch, Saskatchewan Region.

Further, the northern health strategy idea/concept was presented to the following leaders and discussed at the following meetings:

- Associate Minister of Health for Saskatchewan in Prince Albert in October 2000.
- Fyke Commission as a result has been mentioned in the Action Plan for Saskatchewan Health Care.
- Deputy Minister of Health.
- Federal Minister of Health (Hon. Allan Rock).
- Romanow Commission, July 2002. The Northern Health Strategy group, along with other northern leadership met with the Romanow Commission in La Ronge to provide information to the Royal Commission on the Future of Medicare in Canada. As a result, the Northern Health Strategy was mentioned as one of three successful Aboriginal models in the country, of which we are very proud.

With the release of the Action Plan for Saskatchewan Health Care in December 2001, the provincial government responded to the Fyke Commission by confirming support for the development of a Northern Health Strategy. In April 2002, Health Canada confirmed its support for this development. Both Governments made financial commitments of $100,000 each for further development of the strategy.

The goal of the Northern Health Strategy is ***to improve the health status in Northern Saskatchewan.*** In achieving this, we are committed to respect the autonomy of individual Health Authorities and First Nation Health Authorities in the north while building on current strengths and looking for opportunities to work together to enhance health service delivery in northern Saskatchewan.

The following highlights demonstrate some of the accomplishments of the Northern Health Strategy Working Group for the 2002 - 2003 fiscal year:

- Recruited a Northern Health Strategy Health Coordinator who started in September 2002. The coordinator has been provided office space and other support by Saskatchewan Health in La Ronge.

- Conducted strategic planning sessions.

- Developed Terms of Reference for the Northern Health Strategy Working Group.

- Developed a Northern Health Strategy framework with the next step of presenting to and receiving approval from member organizations.

- Submitted a letter of intent to the federal government under the Primary Health Care Transition fund and approval was granted in March to proceed to proposal development. A request for proposal development funds up to $50,000 followed and this was also approved. The letter of intent sent to the Primary Health Care Transition fund listed four (4) key areas:

    1. Building a framework for the integration of core service delivery in the north.

    2. Developing Human Resources (Recruitment, retention and training).

    3. Managing Chronic Diseases (Diabetes, heart disease and other chronic disease prevention, chronic sickness, etc.).

    4. Promoting health and partnerships.

- The Northern Health Strategy made several presentations to various organizations including, but not exclusive to, the Saskatchewan Academic Health Sciences, the Health Quality Council, the Indigenous Peoples Research Centre and others.

The Health Authorities, Northern Inter-Tribal Health Authority and government representatives are excited about the Northern Health Strategy process, and look forward to meeting and collaborating with organizations and communities to promote healthy individuals, families, and communities in Northern Saskatchewan.

CAPITAL PLANNING

The Keewatin Yatthé Regional Health Authority submitted a Capital Plan to the Department of Health, which consisted of the following:

1. **Physical Facilities Strategy Proposal:**

   - In May 2001, the Keewatin Yatthé Health District, which was adopted by the Keewatin Yatthé Regional Health Authority, completed *A Physical Facilities Strategy Proposal* outlining the needs of the region and identified the facilities required to meet future health care needs.

   - In the document, *A Physical Facilities Strategy Proposal*, a framework of values to guide health service delivery was identified. It was recognized that treating illness is not enough. The prevention of illness, accidents and the promotion of healthy lifestyles are essential components of our health planning. The KYRHA's strategic plan incorporated a capital management plan that stated **"commence planning for replacement of physical properties..."**

   - A Physical Facilities Strategy Proposal was submitted as one project to the Department of Health in June 2001. Approval to proceed along with funding of $75,000 was granted to develop the functional programs for four facilities in Beauval, Buffalo Narrows, Green Lake and Ile a la Crosse.

   - By the fall of 2002, Saskatchewan Health had identified the Ile a la Crosse facility as a priority and recommended the region proceed with engaging a design firm to begin the preliminary design for this new health facility. Gerry Lalonde's firm was retained as project manager to take the project through the design and construction to occupancy.

- After exploring the concept for over a year the Ile a la Crosse planning committee recommended combining with the proposed new high school for a Joint-Use Facility. Following a public proposal call and interview process the, Board approved the hiring of the firm AODBT Architects as prime consultants jointly with the Ile a la Crosse School Division.

- Formal planning committees were formed in each of the four communities of Buffalo Narrows, Ile-a-la Crosse, Beauval and Green Lake for the purpose of taking the project through the functional programming phase for the proposed new replacement facilities in each of the respective communities. The Board retained the services of Gerry Lalonde's firm to direct the process and produce a working document for submission to the Department. Through an extensive consultation process, from February through to December 2002, a combined functional program document was developed, which outlined the services to be delivered with detailed building requirements for each of the proposed four new facilities.

- The process has moved along very well. To date the committee has taken the project through the schematic design phase and on to the design development stage, while fine tuning and finalizing the Ile a la Crosse portion of the functional program document for a formal approval by Sask Health expected this summer. The Board has obtained funding approval in the amount of 1.4 million so far to take the project into construction document phase. Meanwhile, the committee's schedule aim is to have the joint facility project designed and ready to tender for construction by November 2003. The new building will be completed and ready for occupancy in September 2005.

- While planning and construction of new facilities proceeds, there is a concern

about the maintenance of existing facilities. The existing facilities must be maintained and supported while new facilities are constructed. It includes making needed repairs to keep the buildings safe, and the environments appropriate to the healing process, as well as, ensuring the continued effective operation and updating of equipment.

* As planning for new facilities in Beauval, Buffalo Narrows, Green Lake and Ile a la Crosse continues, it is also anticipated that increased staff will add to the already overtaxed staff housing available. A strategy is under development to address anticipated housing needs.

Northern staff housing has historically been subsidized for hard to recruit staff, such as, Nurses, Lab/X-ray, Mental Health Workers, Social Workers, Addictions Councilors, physicians and Management personnel.

2. Capital Equipment

The Keewatin Yatthé Regional Health Authority Board approved the following capital purchases:

Program	Equipment	Cost
St. Joseph's Hospital	X-ray, Hematology Machine, Nursing and Long Term Care Equipment	$ 88,500
Emergency Medical Services	Replacement Ambulance Equipment	$ 100,000 $ 64,500
Dental	Equipment	$ 43,000
La Loche Health Centre	Various Primary Care and Medical equipment	$ 90,500
Total Capital Purchases		**$ 386,500**

EMERGENCY MEDICAL SERVICES (EMS)

This fiscal year has been one of challenge and change for the program.

Highlights of 2002 – 2003 were:

- The out of scope management position was vacant for six months, which created challenges for program development.
- Supervisory duties were shared by two Emergency Medical Technicians (EMT), one in Buffalo Narrows and the other in Beauval.
- Buffalo Narrows received a new ambulance in March 2002 and La Loche received a new Van Model Ambulance in January 2003.
- Training and Education continued throughout the year and qualified instructors within the region provided the training. There were three First Responder courses and there are also applicants waiting to take the First Responder Course in Ile a la Crosse and Buffalo Narrows. A couple of EMTs have enrolled in the Primary Care Bridging Program to prepare for advanced training.
- A Primary Care Paramedic Program will be offered in Buffalo Narrows in September 2003.
- The following emergency equipment was purchased:
    - Vital Signs Monitors.
    - Automated defibrillators.
    - Fetal Heart Doppler.
- EMS has provided support and educational opportunities to various organizations upon request, such as, the South Bay Youth Conference, Northern Light's School Division # 113 high school games, Canada Day Celebrations, Snow Mobile Drag Races, hockey tournaments and other recreational events. We were pleased to attend but, organizations were responsible for their client's safety.
- Further discussion is required with the Department of Health regarding Intermediate Air Medivac.

Another exciting year is upon us and we will continue to strive for excellence. The challenges have made us stronger, and more determined to meet and/or exceed client needs.

CORPORATE *Services*

REPORT

HUMAN RESOURCES

Recruitment, Retention and Training

Keewatin Yatthé Health Region contracted a consultant firm to develop a recruitment, retention and training plan. A steering committee composed of KYRHA Board and staff was established to review and provide guidance to the consultant firm. The consultation process is extensive and will include all staff. Issues such as: an Employee Family Assistance Program, existing disparities between Out of Scope and Industry Salary Standards, and other potential Human Resource pressures identified in the consultation process may add additional budget demands. The first draft of the Recruitment, Retention & Training Strategic Plan has been completed, and will be presented in the next fiscal year. Once this Strategy has been approved the next stage is the development of the operational plan. Discussions continued with Saskatchewan Association of Health Organizations (SAHO) regarding Northern Recruitment and Retention issues as the region continued to face difficulties in filling many of the hard to recruit positions, such as, Nurses and combined Laboratory and X-ray Technicians.

Staff Attendance Management

This will be part of the overall Human Resources' strategy. The development of the plan as stated above, will identify internal issues and opportunities for improved staff attendance and workplace wellness. Saskatchewan Association of Health Organizations (SAHO) is currently in the process of developing computer software to assist regions in identifying sick leave trends for the different departments/classifications in the region; this software will also provide the opportunity for management to compare issues/trends with the other health regions.

Employee Family Assistance Program (EFAP)

The Employee and Family Assistance Program policy was established and a Request for Proposals for a Service Provider was completed. The development of the program continued to progress with the implementation of the EFAP program to take place early in the 2003-2004 fiscal year.

Collective Bargaining

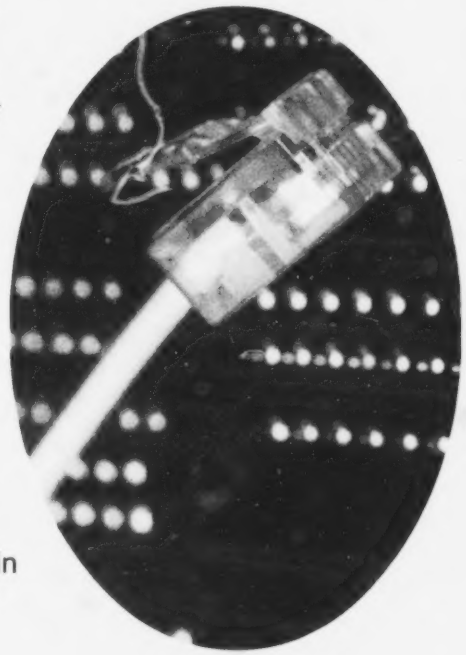
Bargaining for three collective agreements in the region was completed during the 2002-2003 fiscal year. The Saskatchewan Government Employee Union (SGEU) and Health Sciences Association of Saskatchewan (HSAS) Agreements will expire on March 31, 2004, while the Saskatchewan Union of Nurses (SUN) Agreement will expire on March 31, 2005. It is the first time in the history of KRYHA that all unionized employees have current collective agreements

Policy development

Draft Human Resource Policies have been completed and the policies will be implemented in the 2003-2004 fiscal year.

COMMUNICATION/INFORMATION TECHNOLOGY (IT)

The Region utilized a wide range of technology, and is fully networked and inter-connected provincially by the Health Information Network initiative commonly called Community Net. The remote communities are connected through other methods.

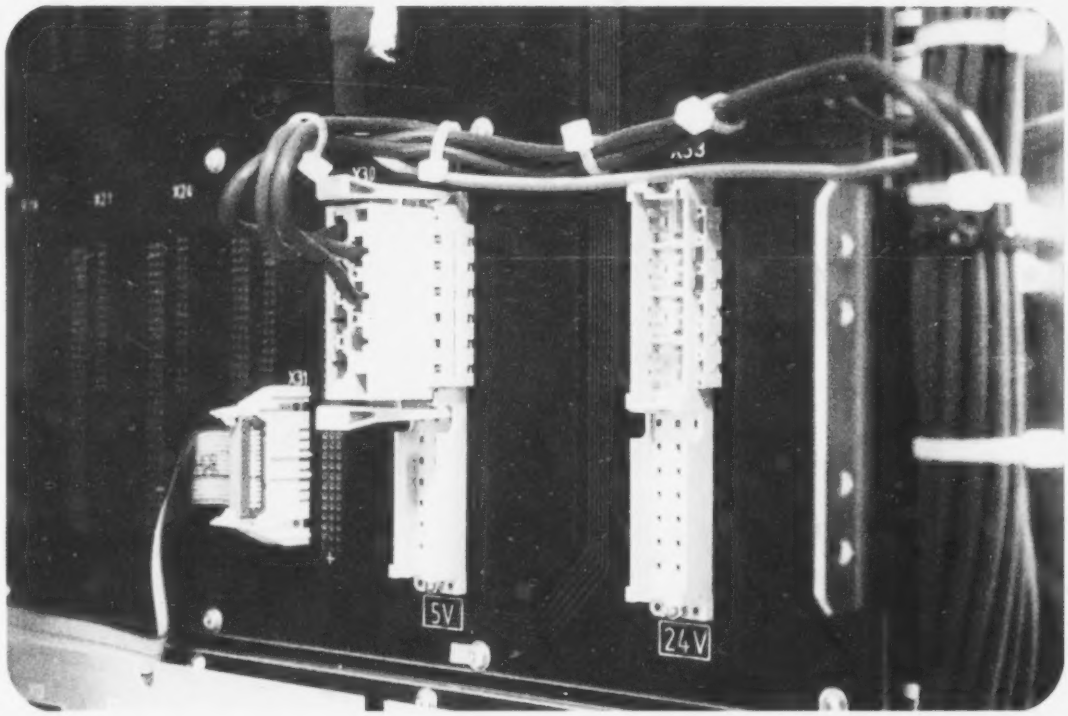


The region has a full range of technology from digital cameras to telehealth equipment. IT support was provided by in house staff and the government sponsored Saskatchewan Health Information Network (SHIN) help desk in Regina.

Each facility may be contacted by a 1-800 number. Email is a major communication tool and the region has its own email system. The administration of this system is carried out by in-house staff. Senior management, on call nurses and the EMS staff have Fleet Net radios, which keep them in contact with the region and its residents despite the lack of cellular coverage.

Saskatchewan's Health Information Privacy Act (HIPA)

KYRHA continued to implement policies and procedures needed to comply with the new privacy act, which is a part of the province's commitment to keep health information confidential.



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FINANCIAL

Audit

Auditors' Report

To: The Board of Directors of The Keewatin Yatthé Regional Health Authority

We have audited the statement of financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2003 and the statements of operations and changes in fund balances and of cash flows for the year then ended. These financial statements are the responsibility of the Keewatin Yatthé Regional Health Authority's management. Our responsibility is to express an opinion of these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2003 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

La Ronge, Saskatchewan
August 6, 2003

Chartered Accountants

Statement 1

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2003

	Operating Fund	Capital Fund	**Total 2003**	Total 2002
Assets				
Current Assets:				
Cash and short term investments (Schedule 2)	$ 1,274,574	$ 1,575,011	**$ 2,849,585**	$ 1,203,130
Due from capital fund	515,130	----	**515,130**	207,258
Accounts receivable				
Saskatchewan Health – General Revenue Fund	163,516	----	**163,516**	473,842
Other	349,641	954	**350,595**	796,558
Inventory	138,583	----	**138,583**	103,146
Prepaid expenses	12,115	----	**12,115**	12,899
	2,453,559	1,575,965	**4,029,524**	2,796,833
Capital assets (Note 3)	----	10,544,901	**10,544,901**	10,800,483
Total Assets	$ 2,453,559	$ 12,120,866	**$ 14,574,425**	$ 13,597,316
Liabilities and Fund Balances				
Current Liabilities:				
Accounts payable	$ 762,763	$ ----	**$ 762,763**	$ 663,949
Accrued salaries	111,493	----	**111,493**	348,487
Vacation payable	285,953	----	**285,953**	285,953
Due from operating fund	----	515,130	**515,130**	207,258
Current portion of capital lease payable	----	24,122	**24,122**	22,770
Deferred revenue (Note 5)	408,834	----	**408,834**	274,145
Total Current Liabilities	1,569,043	539,252	**2,108,295**	1,802,562
Capital lease payable (Note 4)	----	78,948	**78,948**	103,070
Total Liabilities	1,569,043	618,200	**2,187,243**	1,905,632
Fund Balances				
Invested in capital assets	----	10,544,901	**10,544,901**	10,800,483
Internally restricted (schedule 3)	----	957,765	**957,765**	620,265
Unrestricted	884,516	----	**884,516**	270,936
Fund balances - Statement 2	884,516	11,502,666	**12,387,182**	11,691,684
Total Liabilities and Fund Balances	$ 2,453,559	$ 12,120,866	**$ 14,574,425**	$ 13,597,316

See accompanying notes.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
YEAR ENDED MARCH 31, 2003

	Operating Fund			Capital Fund	
	Budget 2003 (note 9) (unaudited)	**2003**	2002	**2003**	2002
Revenues:					
Saskatchewan Health - General Revenue Fund	$ 13,638,659	**$13,836,585**	$12,523,474	**$ 648,217**	$ 600,409
Other provincial revenue	202,867	**124,378**	93,740	**----**	----
Long-term resident and respite fees	46,712	**16,931**	----	**----**	----
Home care client fees	10,500	**18,361**	7,413	**----**	----
Emergency response fees	375,172	**471,410**	379,671	**----**	----
Investment income	5,000	**25,470**	8,801	**----**	----
Out-of-province/third party payments	77,410	**155,708**	97,348	**2,457**	1,479
Federal funding	80,000	**80,000**	----	**64,000**	242,078
Donations	----	**----**	----	**69,425**	----
Other	251,010	**200,742**	199,078	**----**	----
	14,687,330	**14,929,585**	13,309,525	**784,099**	843,966
Expenses					
Acute/palliative services	4,344,380	**4,390,321**	4,386,366	**267,516**	532,978
Grant to affiliate (Note 11) - Acute Care	2,518,765	**2,684,077**	2,779,005	**----**	----
Community care initiatives	163,696	**275,019**	727,544	**14,268**	12,658
Home based services	991,984	**827,625**	969,385	**49,825**	14,945
Health improvement initiatives	3,972,525	**3,527,269**	2,104,773	**153,816**	30,633
Emergency response services	929,411	**1,054,261**	875,476	**63,278**	63,816
Addiction services	1,002,199	**1,015,566**	867,900	**60,008**	193,230
Primary health services	----	**----**	----	**59,625**	----
Mental health services	608,257	**396,149**	----	**25,336**	----
Rehabilitation services	155,938	**145,718**	198,622	**8,509**	3,350
Total expenses (Schedule 1)	14,687,155	**14,316,005**	12,909,071	**702,181**	851,610
Excess (deficiency) of revenues over expenses	$ 175	**613,580**	400,454	**81,918**	(7,644)
Fund balances, beginning of year		**270,936**	27,590	**11,420,748**	11,428,392
Prior period restatement		**----**	(157,108)	**----**	----
Funds beginning of year after prior period adjustment		**270,936**	(129,518)	**11,420,748**	11,428,392
Fund balances, end of year		**$ 884,516**	$ 270,936	**$11,502,666**	$11,420,748

See accompanying notes.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2003

	Operating Fund		Capital Fund	
	2003	2002	**2003**	2002
Cash provided by (used in)	*Operating Activities*		*Financial and Investing Activities*	
(Deficiency) excess of revenues over expenses	**$ 613,580**	$ 400,454	**$ 81,918**	$ (7,644)
Amortization	**----**	----	**702,181**	687,110
Loss on disposal	**----**	----	**----**	163,928
Prior period restatement	**----**	----	**----**	----
Net changes in non-cash working Capital (note 6)	**(98,289)**	26,796	**816,434**	2,135,742
	515,291	427,250	**1,600,533**	2,979,136
Purchase of capital assets	**----**	----	**(446,599)**	(3,817,510)
Proceeds from capital lease	**----**	----	**----**	125,840
Repayment of capital lease	**----**	----	**(22,770)**	
	----	----	**(22,770)**	125,840
Net change in cash and short-term investments during the year	**515,291**	427,250	**1,131,164**	(712,534)
Cash and short-term investments, beginning of year	**759,283**	332,033	**443,847**	1,156,381
Cash and short-term investments, end of year (Schedule 2)	**$ 1,274,574**	$ 759,283	**$ 1,575,011**	$ 443,847
Amounts included in cash balances				
Cash	**$ 1,074,574**	$ 559,283	**$ 500,011**	$ 43,847
Short-term investments	**200,000**	200,000	**1,075,000**	400,000
	$ 1,274,574	$ 759,283	**$ 1,575,011**	$ 443,847

See accompanying notes.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2003

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). This Act created the Keewatin Yatthé Regional Health Authority (RHA). The Authority is responsible for the planning, organization, delivery and evaluation of health services within the geographic area know as the Keewatin Yatthé Health region.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

2. Significant accounting policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

a) Amalgamated former District Health Boards

The former District Health Board, Keewatin Yatthé District Health Board, has been amalgamated in these financial statements using the continuity-of-interests method. All assets, liabilities, revenues, and expenses have been combined in both the 2002 and 2003 fiscal years.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	5%
Land improvements	5%
Equipment	10% to 50%
Vehicles	20% to 75%

Vehicles are expected to have a residual value of 25% of the cost at the end of the five-year period

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on the first-in, first-out basis.

f) Investments

Investments are valued at the lower of cost or net realizable value.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reported period. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the period in which they become known.

3. Capital Assets

	2003			2002
	Cost	Accumulated Amortization	**Net Book Value**	Net Book Value
Land	$ 19,670	$ ----	**$ 19,670**	$ 19,670
Land improvements	8,117	1,958	**6,159**	6,565
Buildings	9,816,625	973,544	**8,843,081**	9,086,206
Equipment	1,804,670	724,279	**1,080,391**	1,364,794
Vehicles	426,700	136,122	**290,578**	245,124
Construction in progress	305,022	----	**305,022**	78,124
	$ 12,380,804	$ 1,835,903	**$ 10,544,901**	$ 10,800,483

4. CAPITAL LEASE PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	**2003**	2002
Emergency response services Pacific & Western Trust Of Canada Inc.	5.835%	$29,575 Principal and interest	**$ 103,070**	$ 125,840
Less Current Portion			**24,122**	22,770
			$ 78,948	$ 103,070

The RHA has pledged the related emergency response services vehicle as security for the above capital lease.

Principal repayments required in each of the next four years are estimated as follows:

2004	$ 24,122
2005	$ 25,581
2006	$ 27,114
2007	$ 26,253

5. Deferred Revenue

	Balance beginning of year	Less amount recognized from Health	Add amount received from Health	Less amount recognized from other sources	Add amount recognized from other sources	**Balance end of year**
Child/Youth Behavioral Worker	$ 59,385	$ 59,385	$ ----	$ ----	$ ----	$ ----
Primary Diabetes Prevention	60,510	60,510	----	----	----	----
Diabetes Educator Program	50,000	----	----	----	----	**50,000**
La Loche Diabetes Program	80,000	----	----	----	----	**80,000**
Implementation of provincial Diabetes Plan	24,250	4,483	----	----	----	**19,767**
Training Strategy	----	----	----	----	25,000	**25,000**
Diabetes Strategy	----	----	49,745	----	----	**49,745**
Paramedic Program	----	----	80,000	----	----	**80,000**
Primary Care	----	----	87,675	----	----	**87,675**
Professional Development	----	----	16,647	----	----	**16,647**
	$274,145	$ 124,378	$ 234,067	$ ----	$ 25,000	**$ 408,834**

Restricted funding related to general operations from Saskatchewan Health-General Revenue Fund and others is recorded as revenue as the related costs are incurred.

6. Net Change in Non-Cash Working Capital

	Operating Fund		Capital Fund	
	2003	2002	**2003**	2002
(Increase) decrease in accounts receivable	**$ 662,243**	$ (467,238)	**$ 94,046**	$ 2,343,000
(Increase) decrease in due from operating fund	**----**	----	**722,388**	(207,258)
(Increase) decrease in inventory	**(35,437)**	(11,057)	**----**	----
(Increase) decrease in prepaid expenses	**784**	16,977	**----**	----
(Decrease) increase in accounts payable	**98,814**	252,729	**----**	----
(Decrease) increase in accrued salaries payable	**(236,994)**	(99,863)	**----**	----
Increase (decrease) in vacation payable	**----**	129,717	**----**	----
(Increase) decease in due to capital fund	**(722,388)**	207,258	**----**	----
Decrease in deferred revenue	**134,689**	(1,727)	**----**	----
	$ (98,289)	$ 26,796	**$ 816,434**	$ 2,135,742

7. Related Party Transactions

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements and the table below. They are recorded in the standard rates charged by those organizations and are settled on normal trade terms.

	2003	2002
Public Employees Pension Plan (Benefits)	**$ 15,299**	$ 30,441
Saskatchewan Power Corporation	**68,901**	49,718
Saskatchewan Property Management Corporation (Other)	**625,497**	540,098
Saskatchewan Telecommunications (Utilities)	**162,593**	220,143
Saskatchewan Association of Health Organizations (Benefits and Other)	**627,324**	478,687
Saskatchewan Workers' Compensation Board (Benefits)	**159,055**	86,033
Affiliates:		
St. Joseph's Hospital Corporation (Grants)	**2,964,327**	2,779,005
St. Joseph's Hospital Corporation (Medical and Surgical Drugs and Supplies)	**119,757**	----

Significant amounts due to related parties as at March 31 are as follows:

Saskatchewan Association of Health Organizations	**43,476**	38,769
Saskatchewan Property Management Corporation	**25,405**	7,650
Saskatchewan Workers' Compensation Board	**31,978**	30,500
Affiliates:		
St. Joseph's Hospital Corporation	**1,551**	34,886

Other transactions with related parties are described separately in the financial statements.

In additions, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of these purchases.

8. Pension Plan

Employees of the RHA participate in one of the following pension plans. Some employees participate in Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by the Saskatchewan Association of Health Organizations (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS. SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002. Prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors. Other employees participate in either the Public Service Superannuation Plan (a related party) which is also a defined benefit plan, or the Public Employees' Pension Plan (a related party) which is a defined contribution plan, both of these plans are the responsibility of the Province of Saskatchewan. The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services.

Pension expense for the year amounted to $189,954 (2002 - $235,585) and is included in benefits.

9. Budget

The operating budget, which is included in the RHA's Health Plan, was approved by the RHA and the Minister of Health.

10. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:

Cash and short-term investments
Accounts receivable
Accounts payable
Accrued salaries
Vacation payable

11. Affiliates

The Authority has an affiliation agreement with a privately owned health corporation to provide services.

This corporation receives operating funding from the Authority on a monthly basis with budget amounts approved annually. During the year, the Authority provided the following amounts:

	2003	2002
St. Joseph's Hospital Corporation	$ 2,684,077	$ 2,779,005

	2003	2002
Statement of Financial Position		
Total assets	$ 905,634	$ 978,129
Total liabilities	$ 431,109	$ 635,243
Total net assets	474,525	342,886
Total liabilities and fund balances	$ 905,634	$ 978,129
Results of Operations		
Total revenues	$ 3,886,586	$ 4,133,271
Total expenses	3,754,947	3,945,827
Excess of revenue over expenses	$ 131,639	$ 187,444
Cash Flows		
Cash from operations	$ 131,639	$ 187,444
Add back non-cash charges depreciation	2,472	2,728
Note change in non-cash working capital	68,593	(233,760)
Financing and investing activities	----	(6,808)
Increase (decrease) in cash	$ 202,704	$ (50,396)

12. Commitments

a) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next two years are as follows:

2004	$ 63,053
2005	$ 22,071

13. Comparative information

Certain 2002 balances have been reclassified to conform with the current year's presentation.

14. Volunteer Services

The operations of the health RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES
FOR THE YEAR ENDED MARCH 31, 2003

	2003	2002
Operating		
Medical remuneration and benefits	**$ 1,096,197**	$ 235,174
Salaries	**6,642,404**	5,738,841
Benefits	**1,009,437**	657,655
Medical and surgical supplies	**166,149**	168,274
Drugs	**68,423**	41,727
Utilities	**404,875**	315,100
Repairs and maintenance	**115,243**	240,786
Food	**113,609**	78,627
Interest expense	**6,745**	-
Grants to Affiliates	**2,655,868**	2,779,005
Other	**262,599**	1,008,197
Laboratory Supplies	**39,400**	32,703
Diagnosis Imaging Supplies	**6,000**	8,968
Insurance	**77,679**	49,687
Housekeeping and laundry services	**32,408**	32,612
Contract/Professional fees	**236,559**	534,359
Office supplies and other office costs	**258,706**	131,265
Travel expense	**241,514**	171,155
Rent/Lease	**835,954**	684,936
Purchased service	**46,236**	-
	$ 14,316,005	$ 12,909,071
Capital		
Amortization	**$ 702,181**	$ 687,110
Loss on disposal of fixed assets	**-**	163,928
Other	**-**	572
	$ 702,181	$ 851,610

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
FOR THE YEAR ENDED MARCH 31, 2003

	Amount	Maturity	Effective Rate
Restricted Investments:			
Cash			
Northwest Credit Union	$ 500,011		
Short-term investments			
Northwest Credit Union	675,000		
Northwest Credit Union	200,000		1.75%
Northwest Credit Union	200,000		1.75%
Restricted cash and short-term investments	1,575,011		
Unrestricted Investments:			
Cash			
Northwest Credit Union	1,074,574		
Short-term investments			
Northwest Credit Union	200,000		1.75%
Unrestricted cash and short-term investments	1,274,574		
Total cash and short-term investments	$ 2,849,585		

Restricted investments consist of capital funds

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
FOR THE YEAR ENDED MARCH 31, 2003

Capital Fund	Balance Beginning of Year	Revenue	Investment Income Allocated	Transfer to Investment in Capital Asset Fund Balance	**Balance End of Year**
Keewatin Yatthé Regional Health Authority	$ 620,265	$ 648,217	$ 135,882	$ (446,599)	$ 957,765

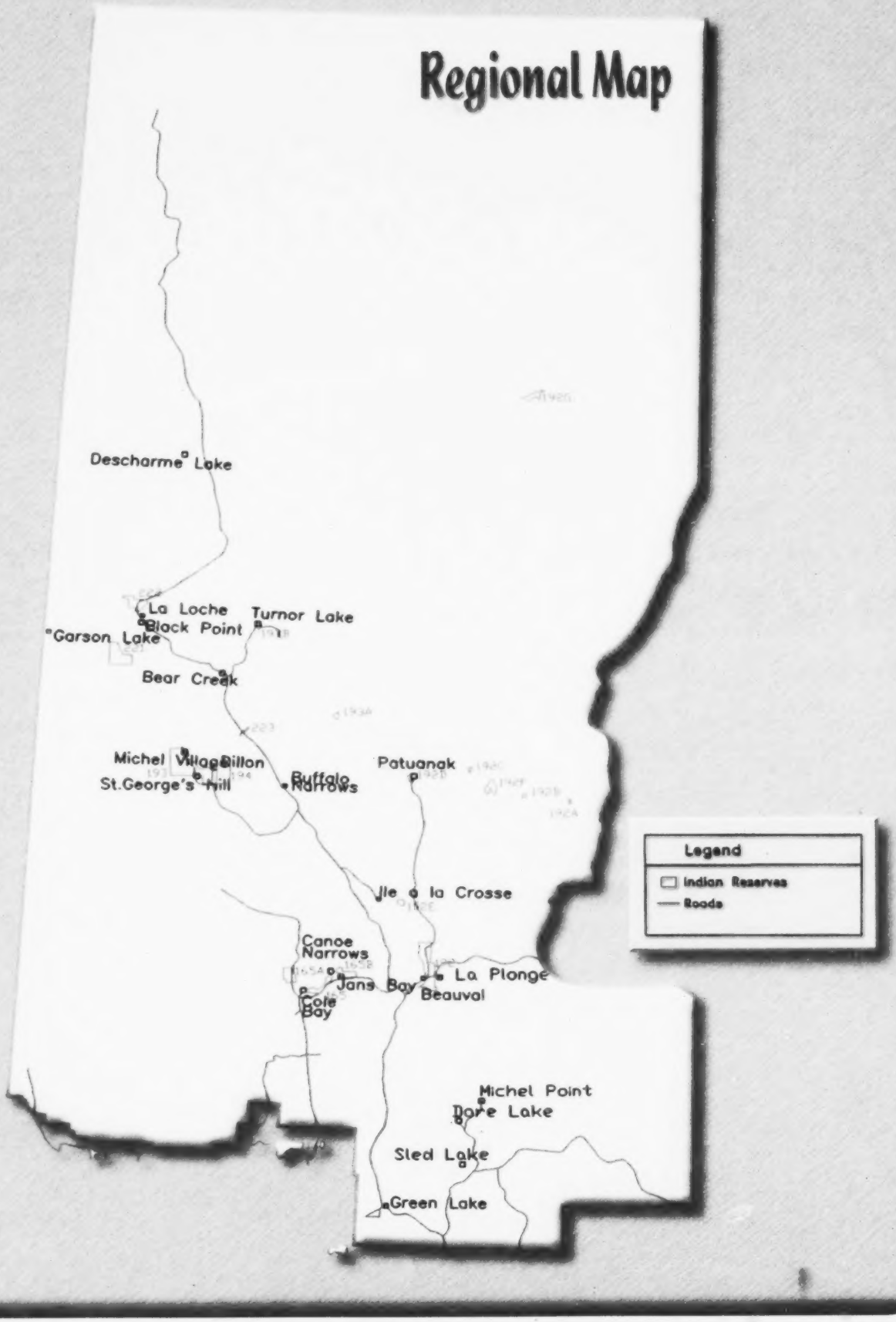
HEALTH STATUS

Report

APPENDIX B

(INCLUDED AS A SEPARATE REPORT)

KEEWATIN YATTHÉ
REGIONAL HEALTH AUTHORITY



SERVICES AND CONTACT DIRECTORY

AMBULANCE 310-5000
QUALITY OF CARE COORDINATOR 833-2220
REGIONAL OFFICE 235-2220

GREEN LAKE

Addictions Services 832-6252
Children's Dental Clinic 832-4646
Community Health Educator 832-6255
Home Care Services 832-6254
Public Health Nurse 832-6257
Fax 832-6253

BEAUVAL

Health Centre 288-4800
Fax 288-2225
Acquired Brain Injury 288-4817
Addictions Out Patient centre 288-4803
Community Health Educator 288-4807
Health Promotions 288-4820
Fax 288-4038
Home Care Services 288-4809
Public Health Services 288-4806

JANS BAY

Community Health Educator 829-4320

COLE BAY

Community Health Educator 829-4234

ILE A LA CROSSE

Public Health Clinic 833-5500
Clinic Fax 833-2474
Addictions Councillor 833-5520
Children's Dental Clinic 833-5508
Community Health Educators 833-5508
Home Care Services 833-5511
Home Care Fax 833-2533
Mental Health Services 833-5510
Northwest Alcohol & Drug Abuse Centre 833-2462
NWADAC Fax 833-2330

BUFFALO NARROWS

Health Centre	235-5800
Health Centre Fax	235-4500
Regional Office	235-2220
Fax	235-2229
Reception Fax	235-4604
Addictions Services	235-5846
Fax	235-4686
Child & Youth Behavioral worker	235-5847
Children's Dental Clinic	235-5818
Community Health Educator	235-5812
Home Care Services	235-5849
Mental Health Services	235-5809
Medical Transportation	235-5831
Call no Charge	1-877-246-5111
Nutritionist	235-5820
Population Health Unit - La Ronge	425-8588
Public Health Nurse	235-5813
Public Health Inspector	235-5811

PATUANAK

Community Health Educator	396-2010

ST. GEORGE'S HILL

Community Health Educator	282-2099

MICHEL VILLAGE

Community Health Educator	282-2048
Community Support Workers	282-4555

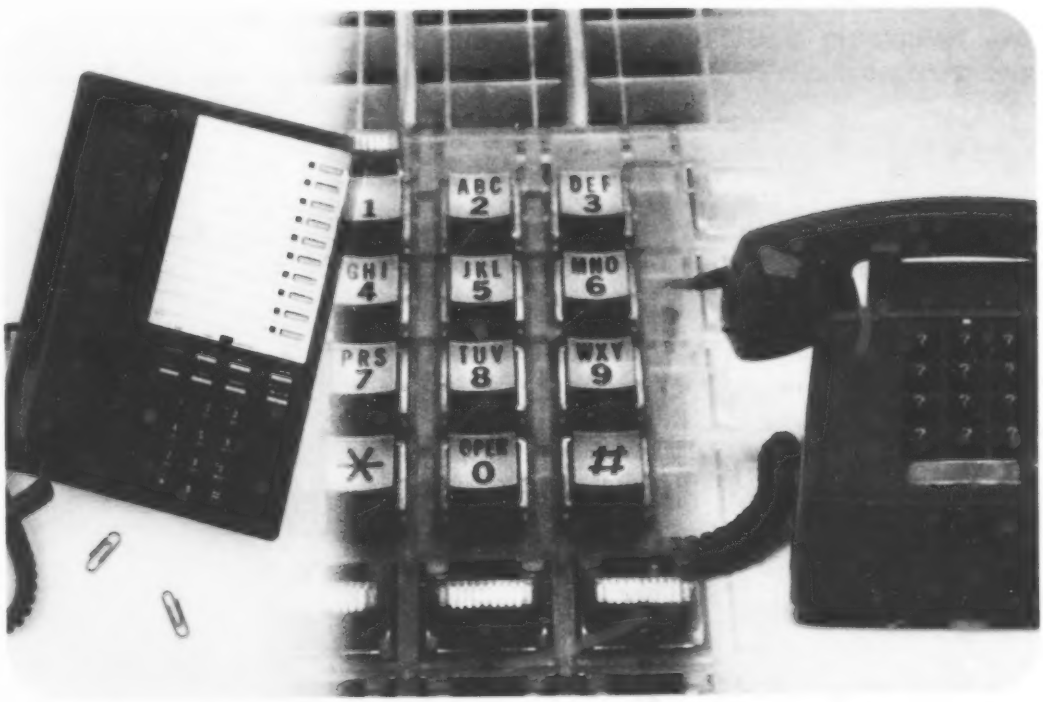
LA LOCHE

Health Centre	822-3200
Fax	822-2112
Hospital	822-3231
Fax	822-2274
Community Services	822-3210
Fax	822-2274
Medical Clinic	822-3201
Fax	822-2798
Addictions Services	822-3214
Fax	822-3215
Children's Dental Clinic	822-6306
Community Health Educator	822-3232

Community Support Worker 822-3218
Home Care Services 822-3220
Health Centre Dental Clinic 822-3211
Medical Transportation Coordinator 822-3229
Mental Health Services 822-3216
Or 822-3217
Public Health Nurse 822-3212
Support Services Coordinator 822-3228
TB Worker 822-3222
Youth Wellness 822-3223

TURNOR LAKE

Community Health Educator 894-4340



SUMMARY REPORT OF AFFILIATE
ST. JOSEPH'S HOSPITAL

- Acute care services were provided through an operating agreement.
- Discussions regarding amalgamation with St. Joseph's Hospital Board were held and are ongoing.
- Canadian Institute for Health Information (CIHI) is also in place in the Hospital.
- KYRHA is actively working with St. Joseph's, to replace this facility.
- St. Joseph's has twelve long-term care beds, two respite beds and one palliative care bed.
- Quality of life for residents/clients has been enhanced with the implementation of a Day Program and an Activities Program through Home Care.
- Minimum Data Set (MDS 2.0) assessment system has been instituted by the Hospital for long tem care.
- A meals on wheels program provided meals to a number of clients.
- The current plan is to build a modern facility in Ile a la Crosse, which is in the advanced planning stages and will provide a modern homelike environment for LTC residents.

KYRHA
Keewatin Yatthé Regional
Buffalo Narrows, SK
S0M 0J0

2003 Health Status Report

Appendix B

Keewatin Yatthé Health Region

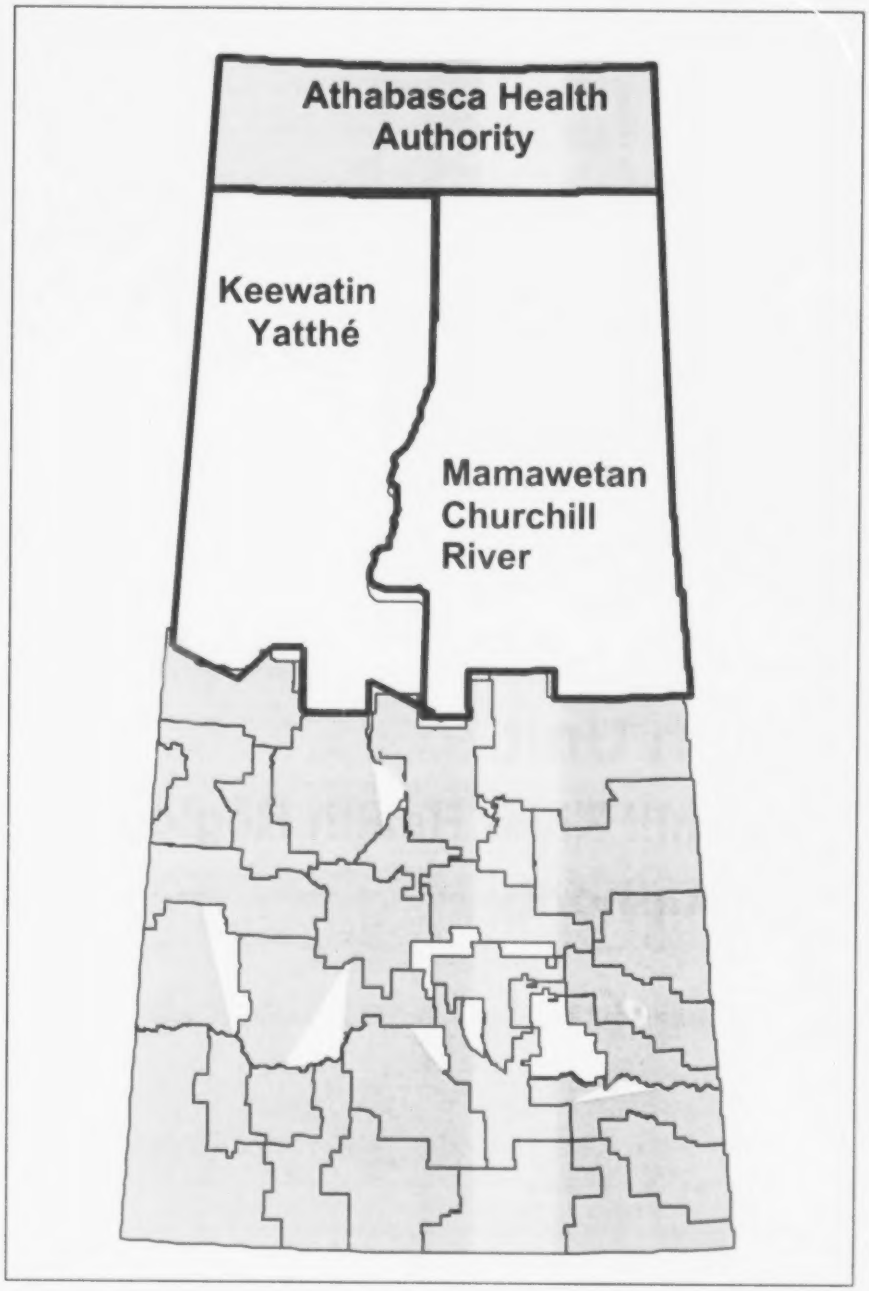
Health Status Report

to June, 2003

Population Health Unit

Keewatin Yatthé & Mamawetan Churchill River Health Regions

& Athabasca Health Authority

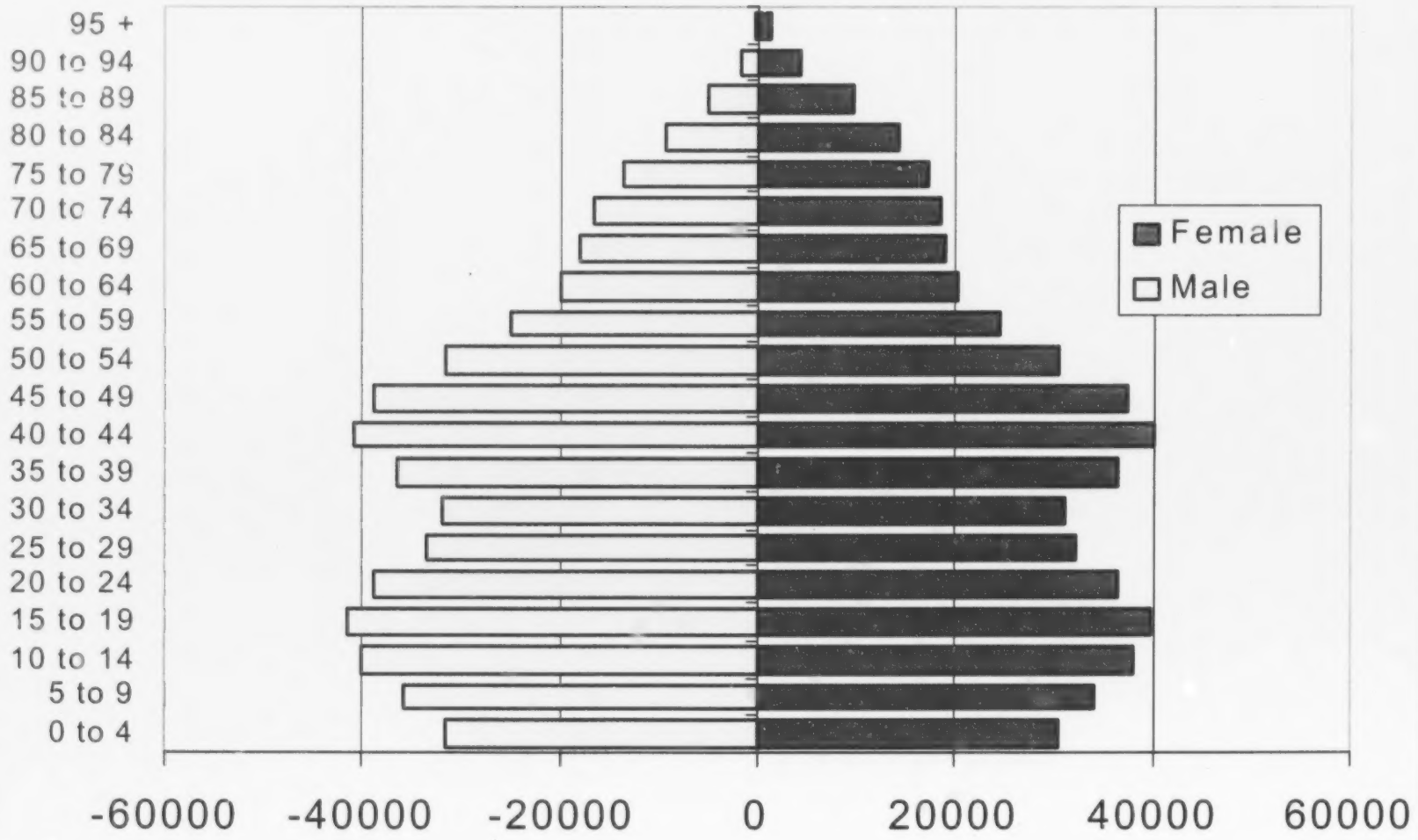


2002
Northern Population
34,600

Athabasca	2,360
Keewatin Yatthé	11,147
Mamawetan CR	21,094

317,000
square kilometers

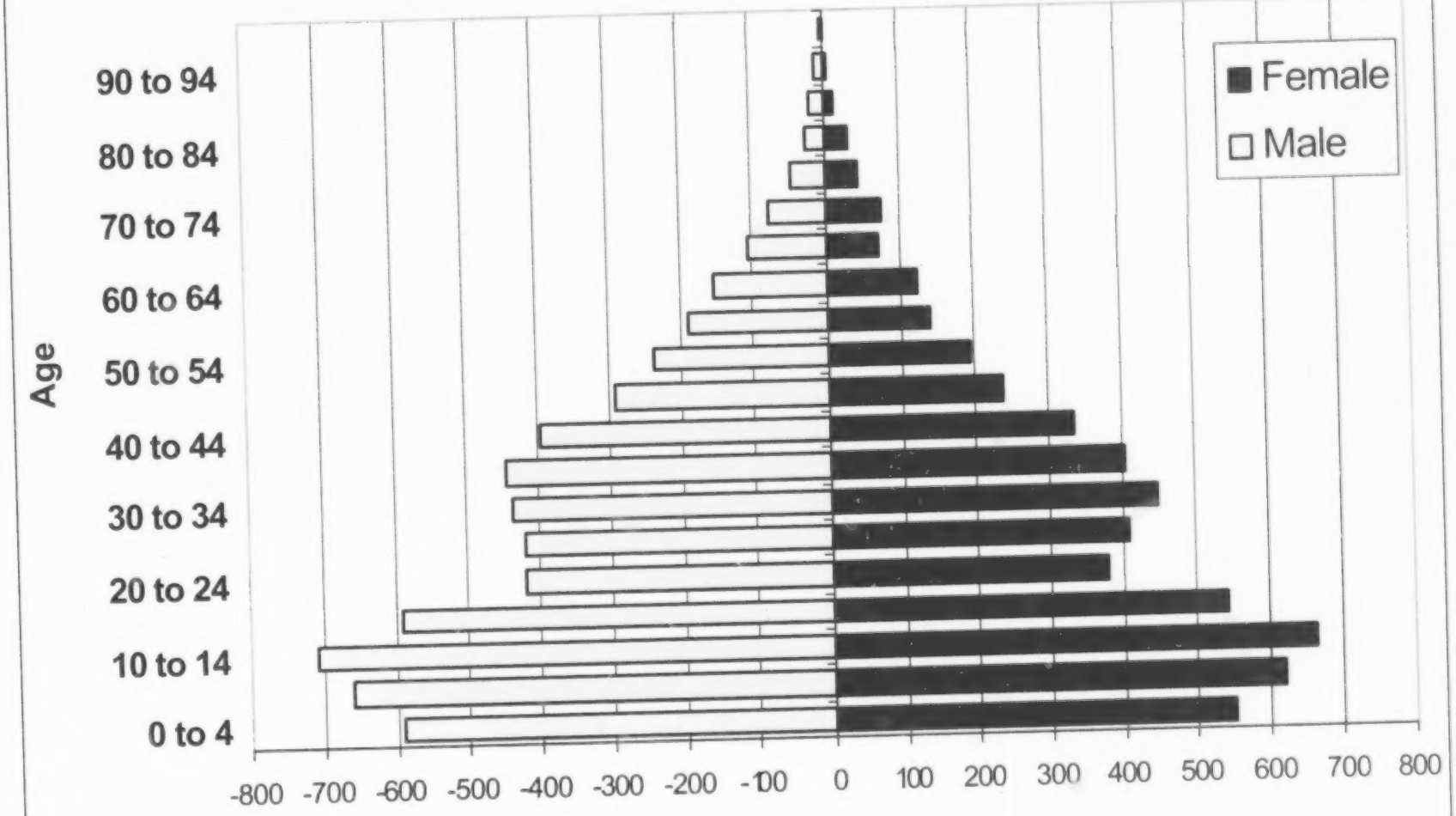
Saskatchewan Population by Age & Sex, 2002



Source: Sask Health 2002 Covered Population

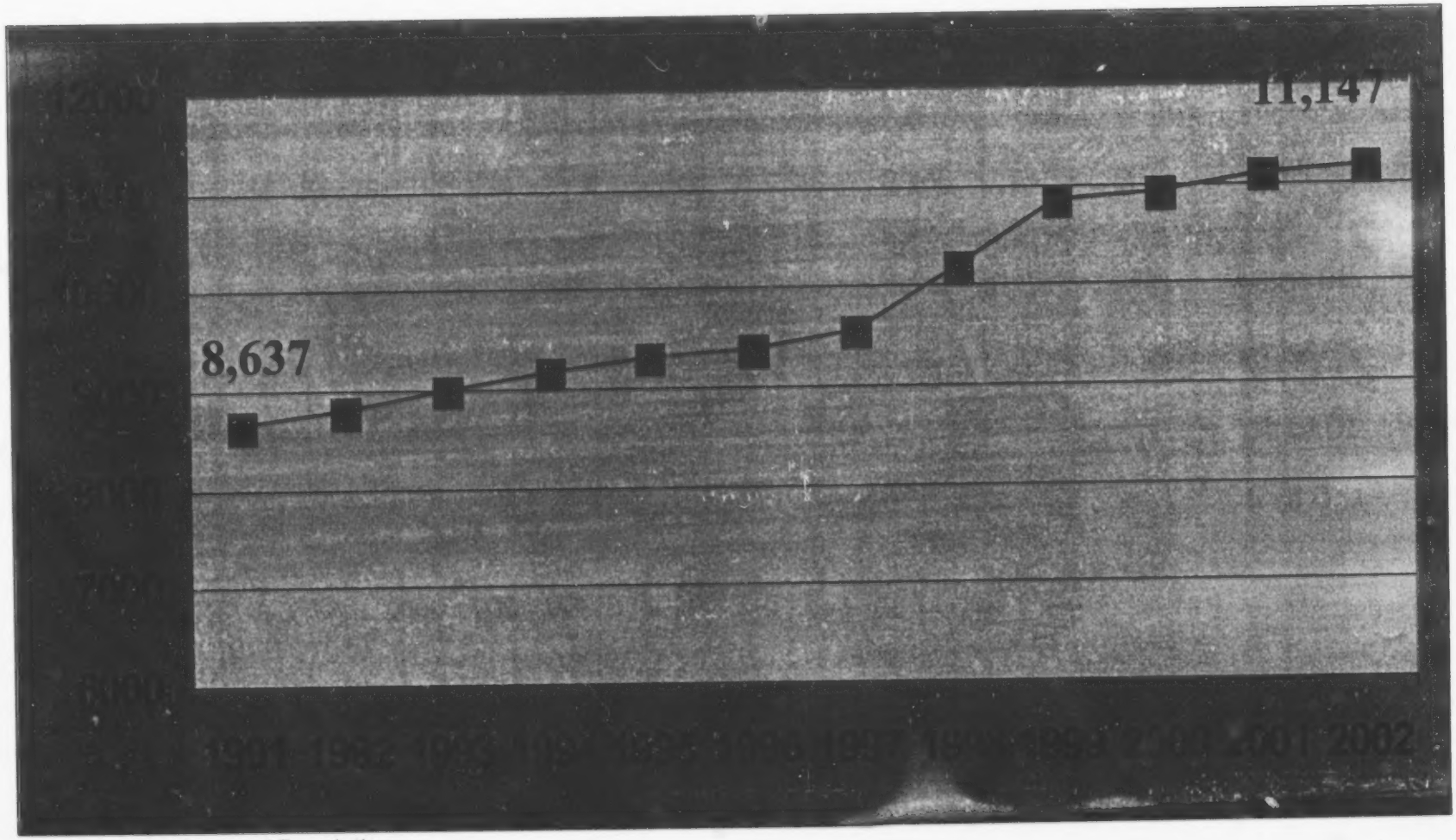
Prepared by Population Health Unit, April 2003

KY Population by Age & Sex, 2002



Source: Sask Health 2002 Covered Population
Prepared by Population Health Unit, April, 2003

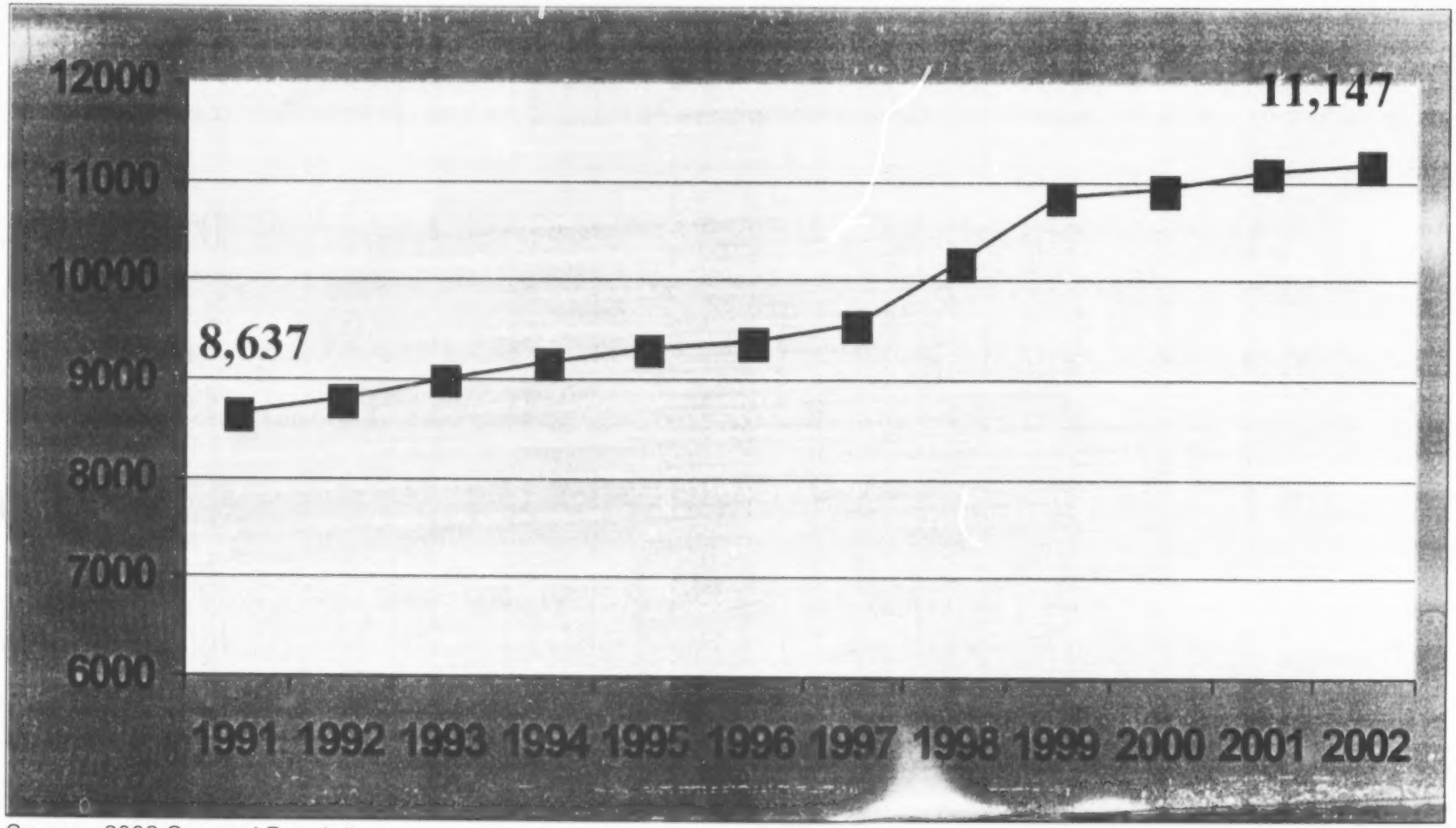
KYHR Population Changes
1991-2002



Source: 2002 Covered Population

Prepared by Population Health Unit

KYHR Population Changes
1991-2002



Source: 2002 Covered Population

Prepared by Population Health Unit

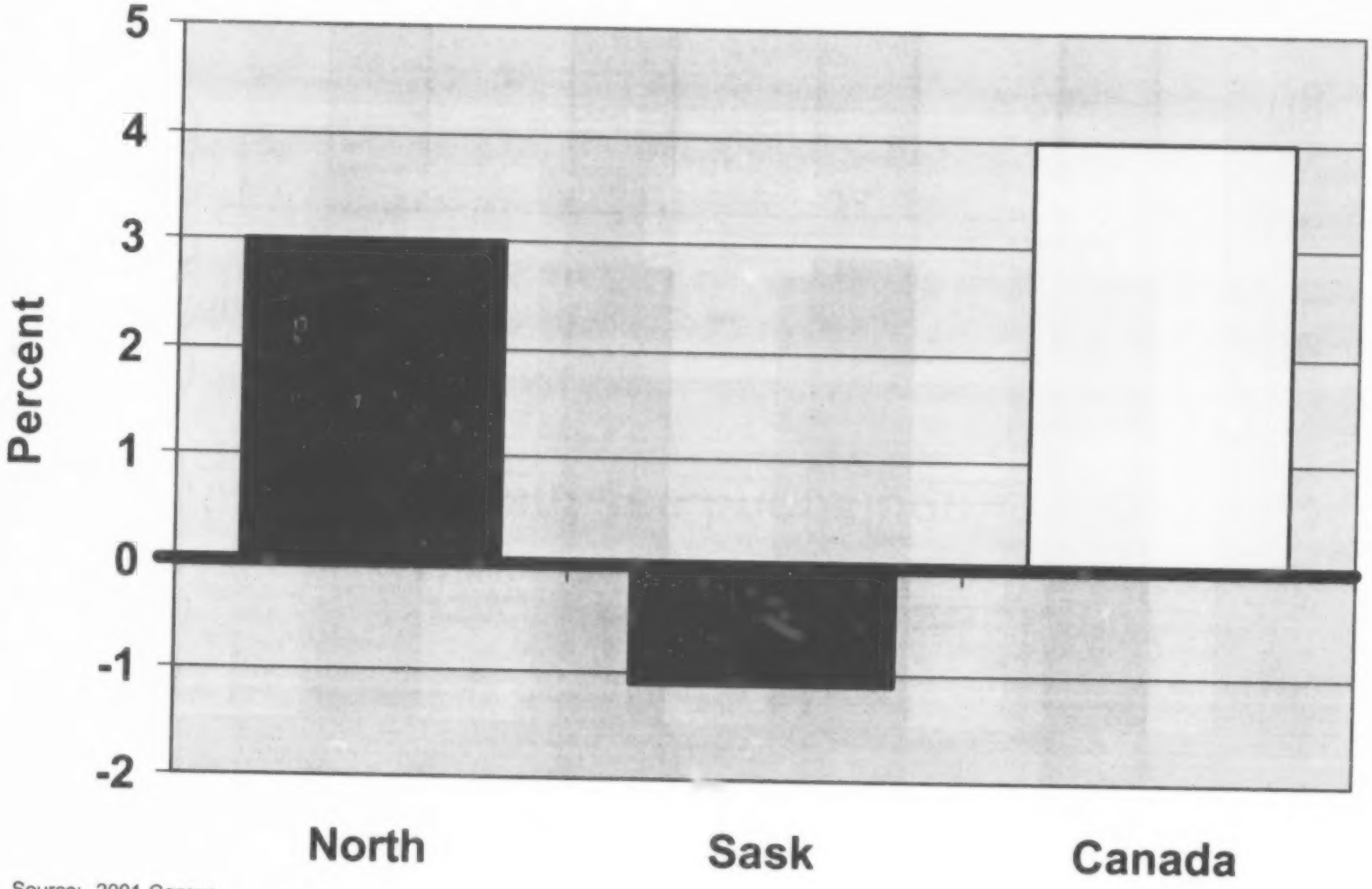
Changes in Population (2001 – 2002)

	AHA	KYHR	MCRHR	Sask
2001	2,282	11,092	20,678	1,024,788
2002	2,360	11,147	21,094	1,024,827
% Increase	3.4%	0.5 %	2.0 %	0.01 %

Source: 2001 & 2002 Covered Populations

Prepared by Population Health Unit,. Mar/03

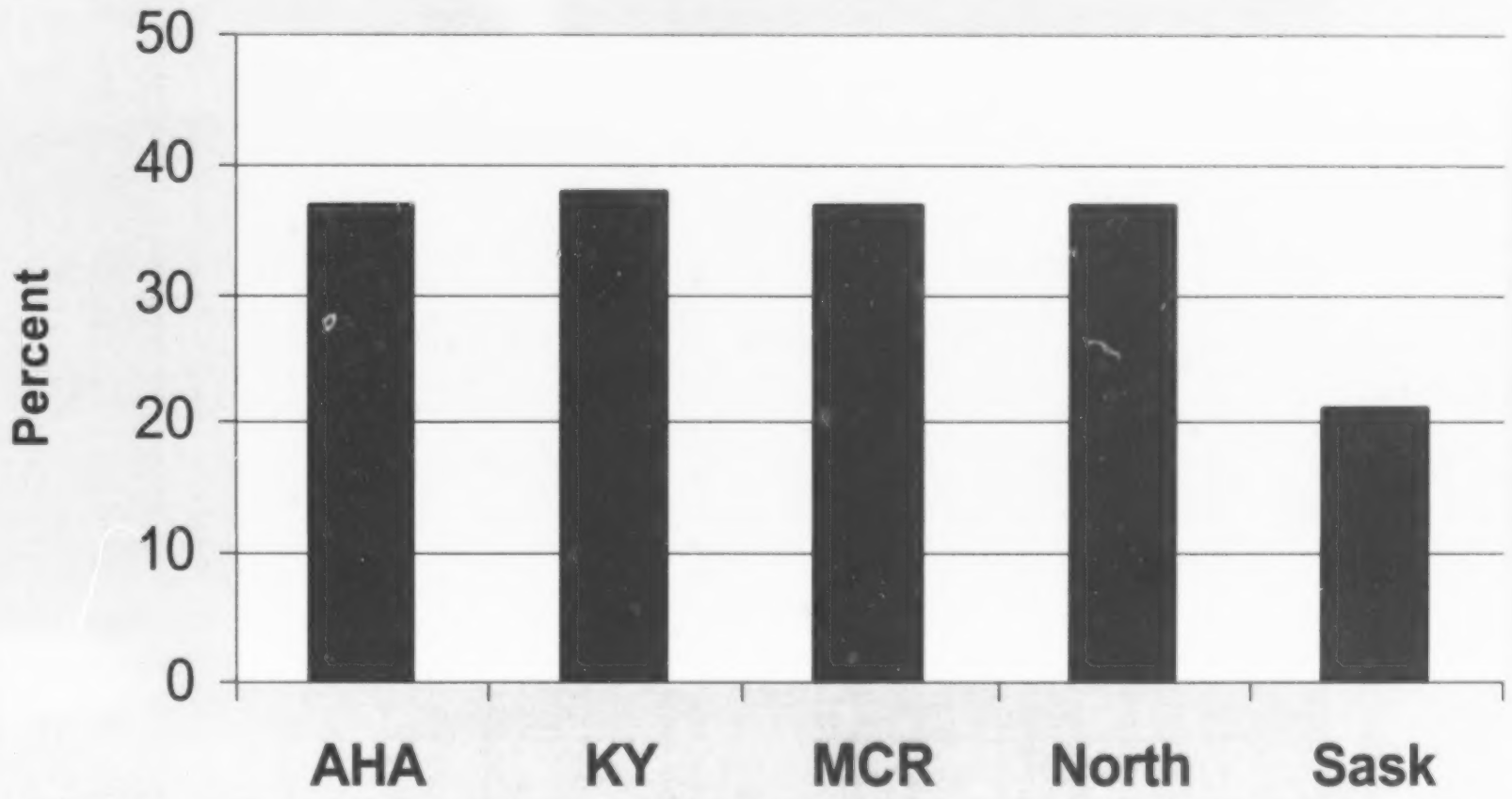
Population Change, 1996-2001



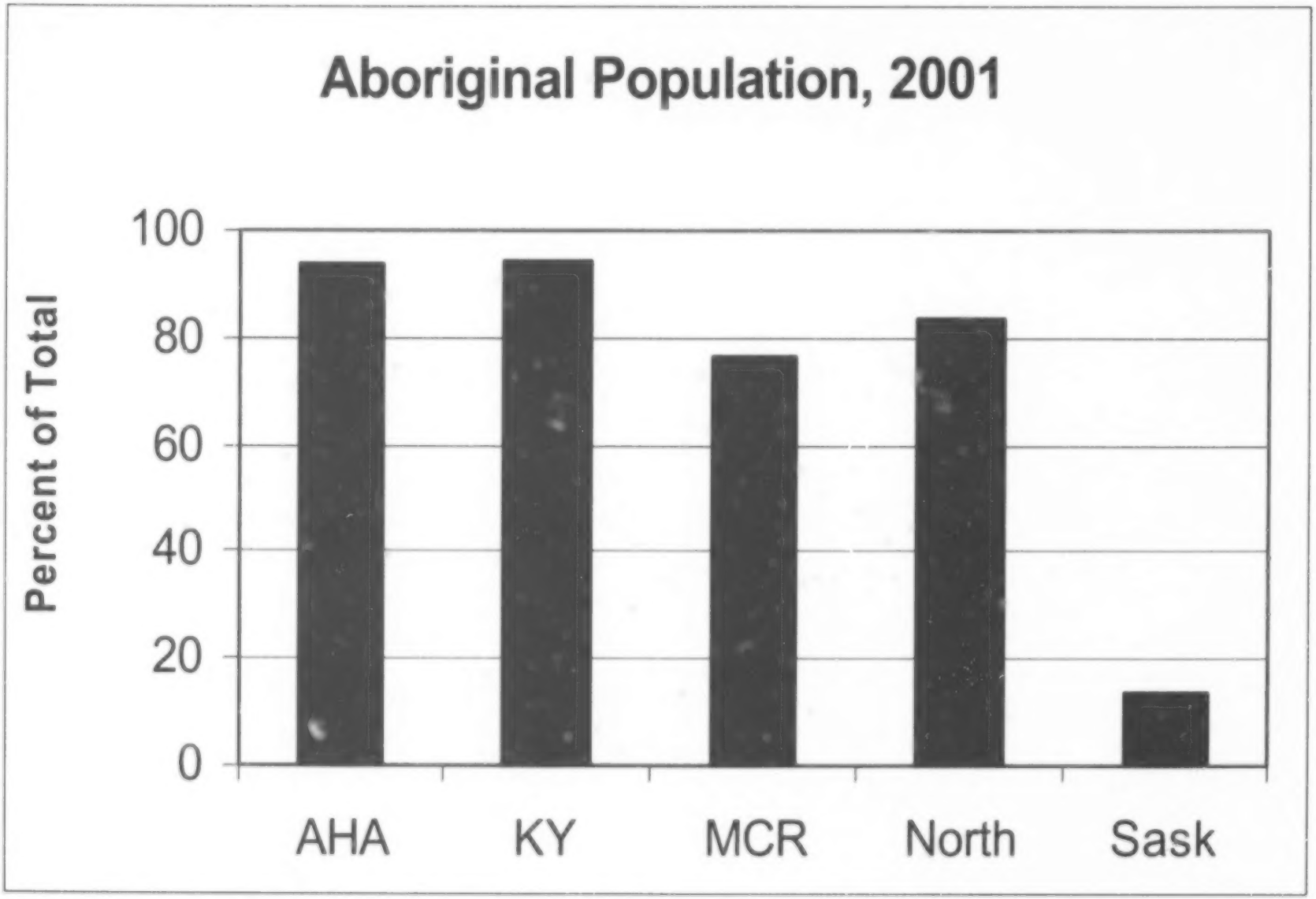
Source: 2001 Census

Prepared by Population Health Unit, May 2003

Percent of Population Less than 15 Yrs, 2001



Source: 2001 Census
Prepared by Population Health Unit, May 2003



Source: 2001 Census
Prepared by Population Health Unit, May 2003

Northern Births:
Approximate Yearly Average

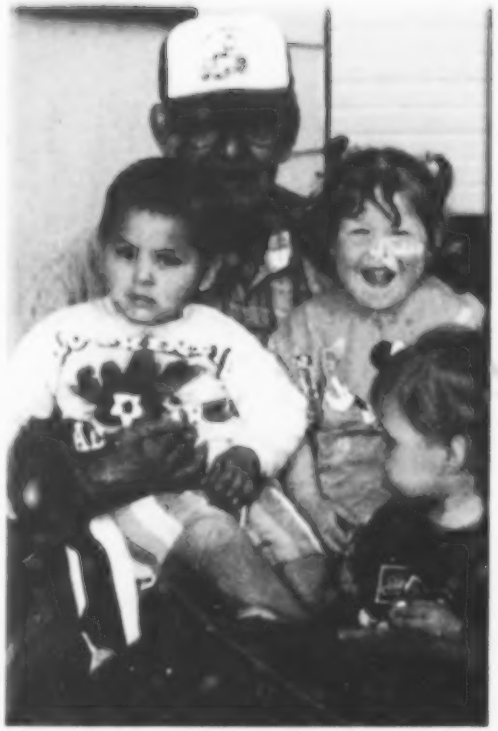
Health Region	1991-96 Yearly Average	1996-2001 Yearly Average
Athabasca	67	57
Keewatin Yatthé	287	253
Mamawetan Churchill River	533	506
Total North	887	798

Source: Sask Health: Prepared by Population Health Unit, May 2003

Things that determine our health

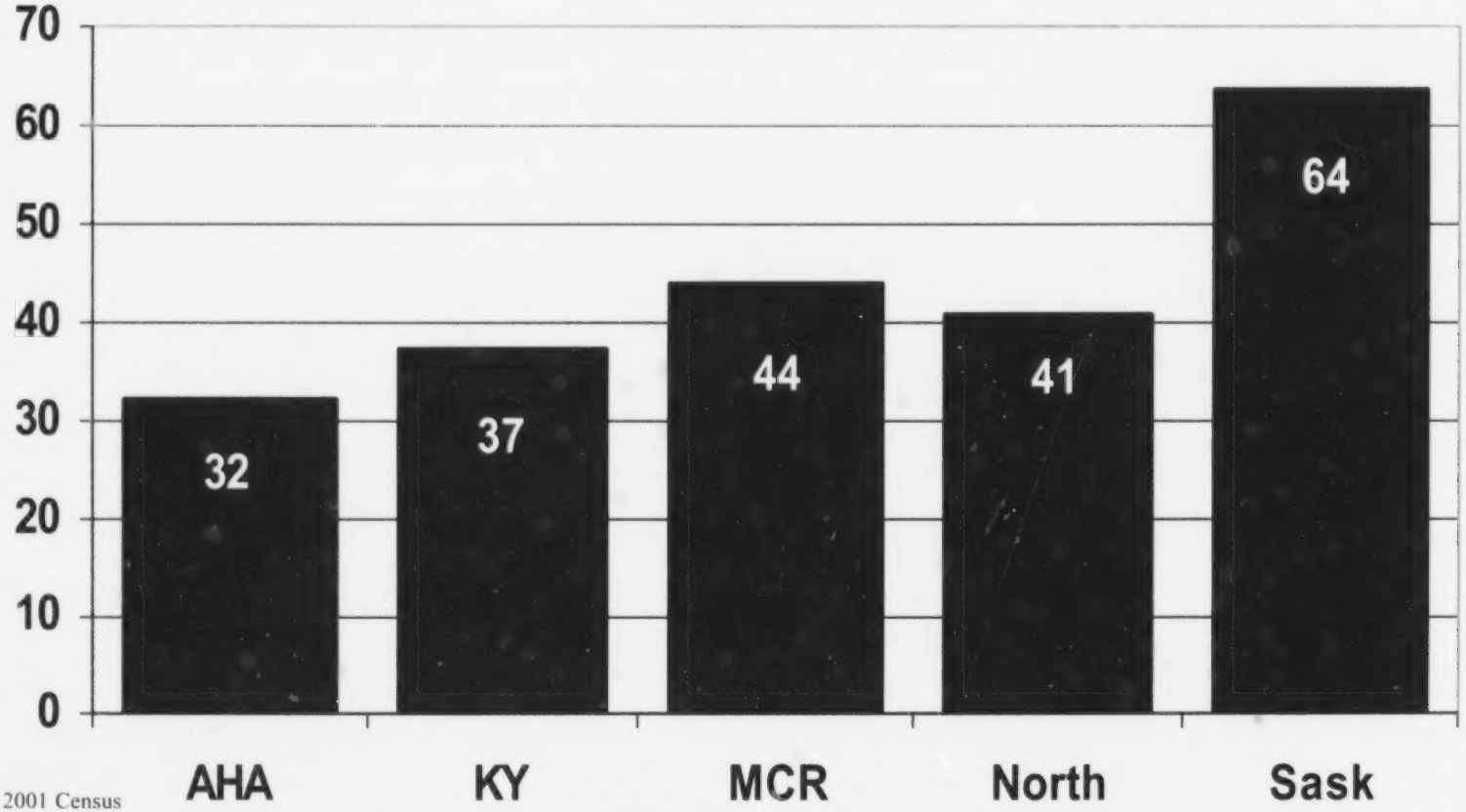
- Incomes & social status
- Education
- Employment
- Environment
  - Human-made (housing, infrastructure)
  - Natural ecosystem
- Social supports

  Early childhood development
- Health services
- Health behaviours



Employment Rate, 2001

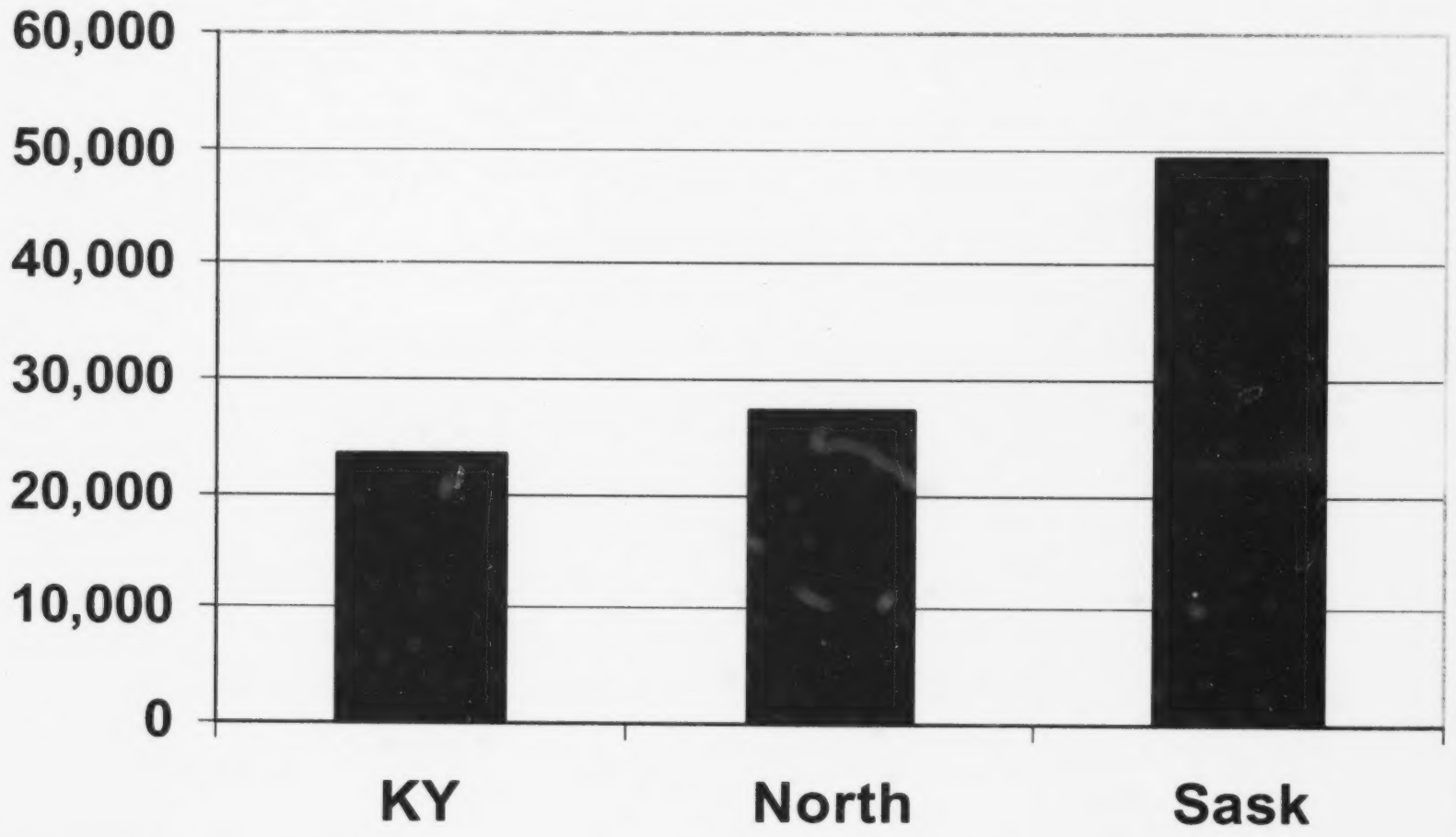
(percentage of total population 15 years and older)



Source: 2001 Census

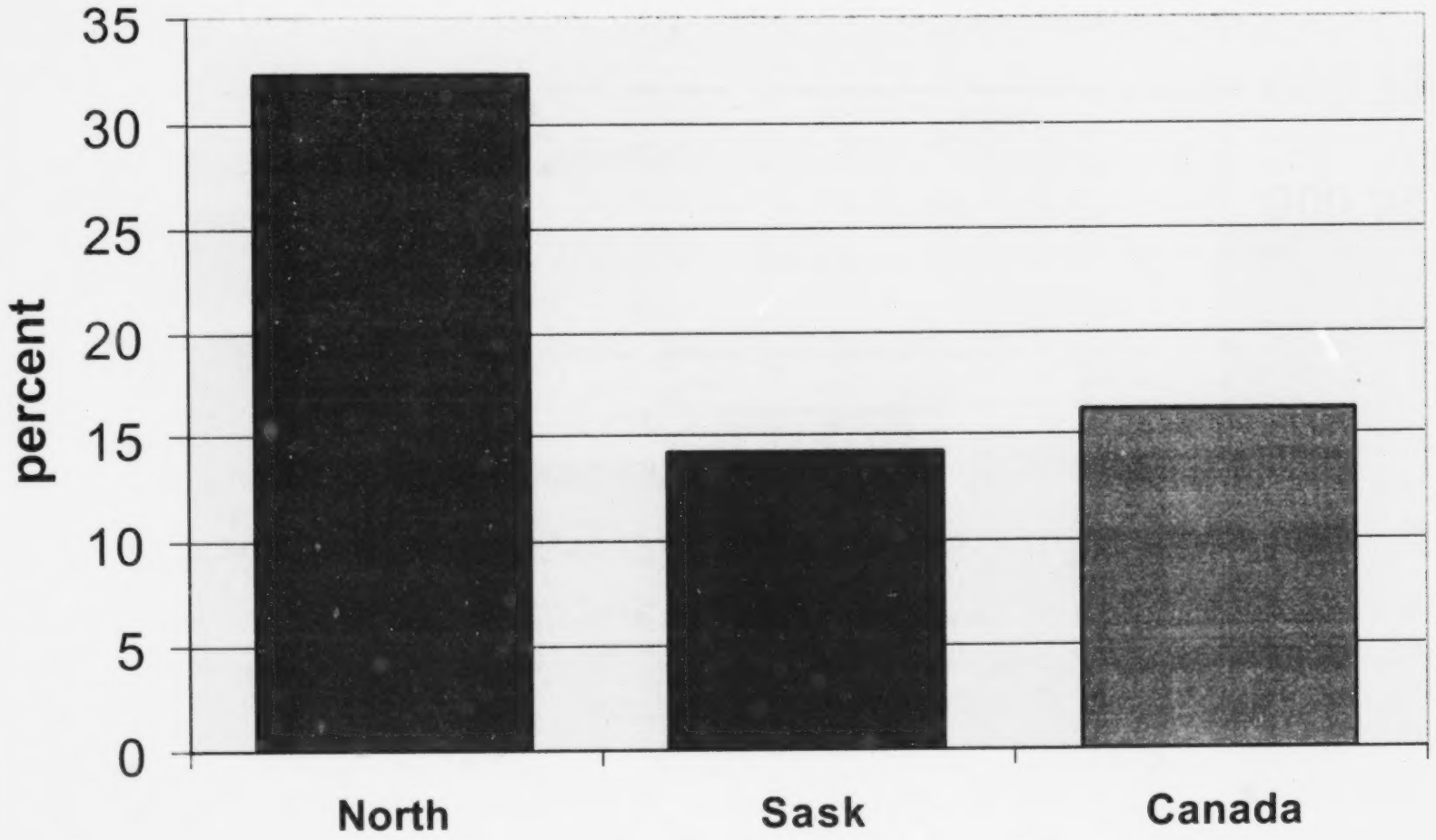
Prepared by Population Health Unit, May 2003

Median Family Income, 2001



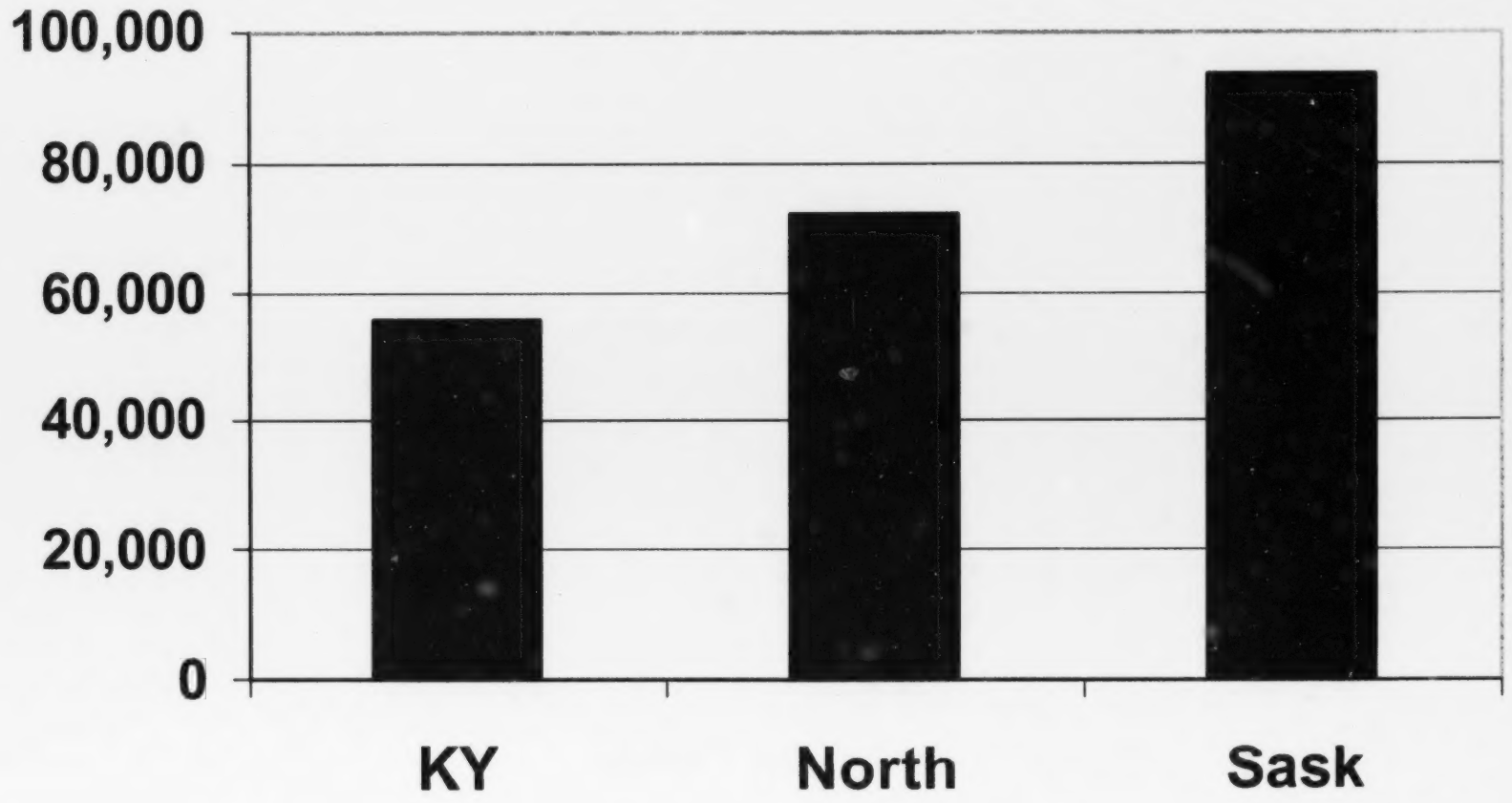
Source: 2001 Census
Prepared by Population Health Unit, May 2003

Incidence of Low Income, 1996



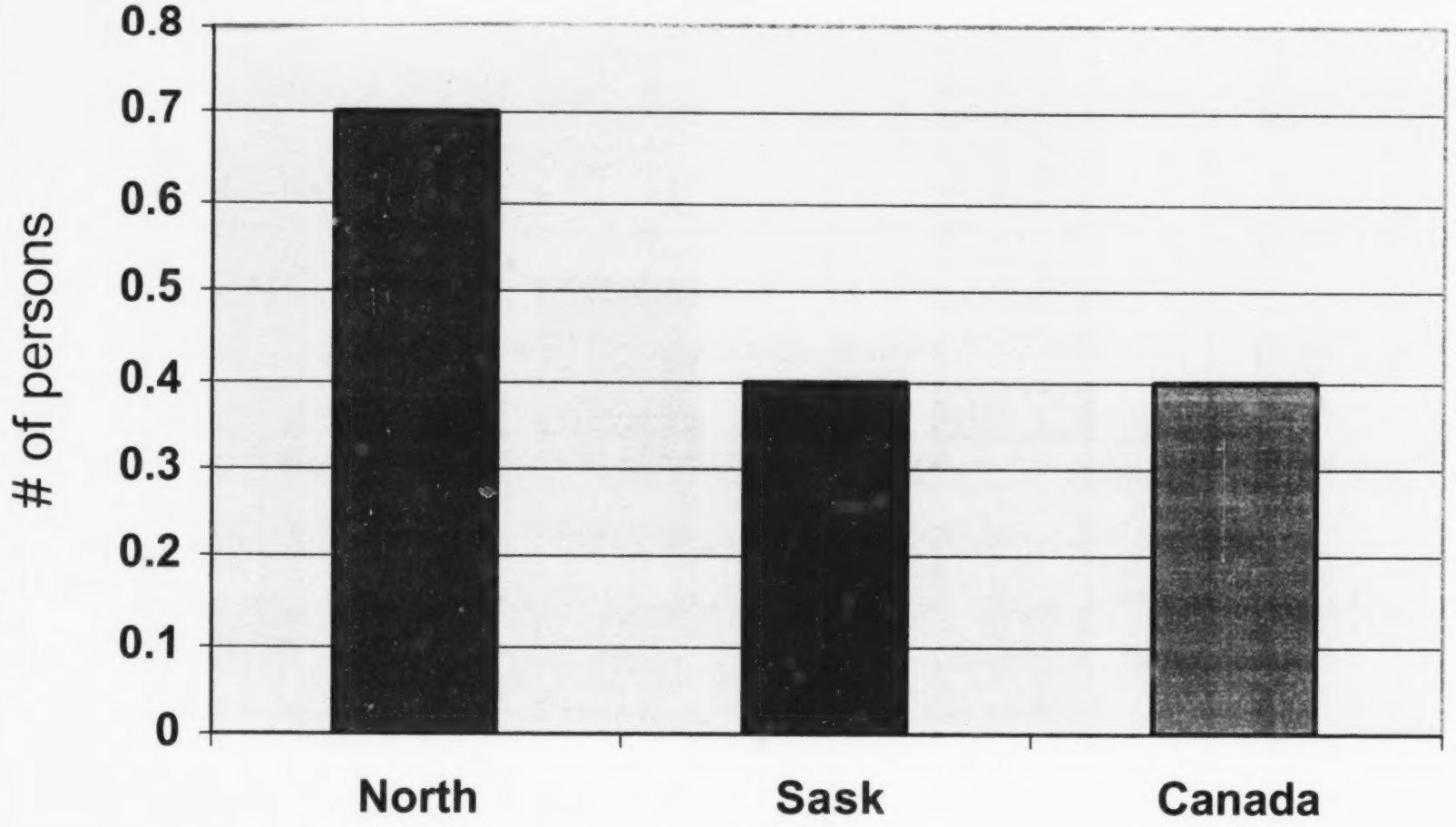
Source: 1996 Census
Prepared by Population Health Unit, May 2003

Average Value of Dwelling



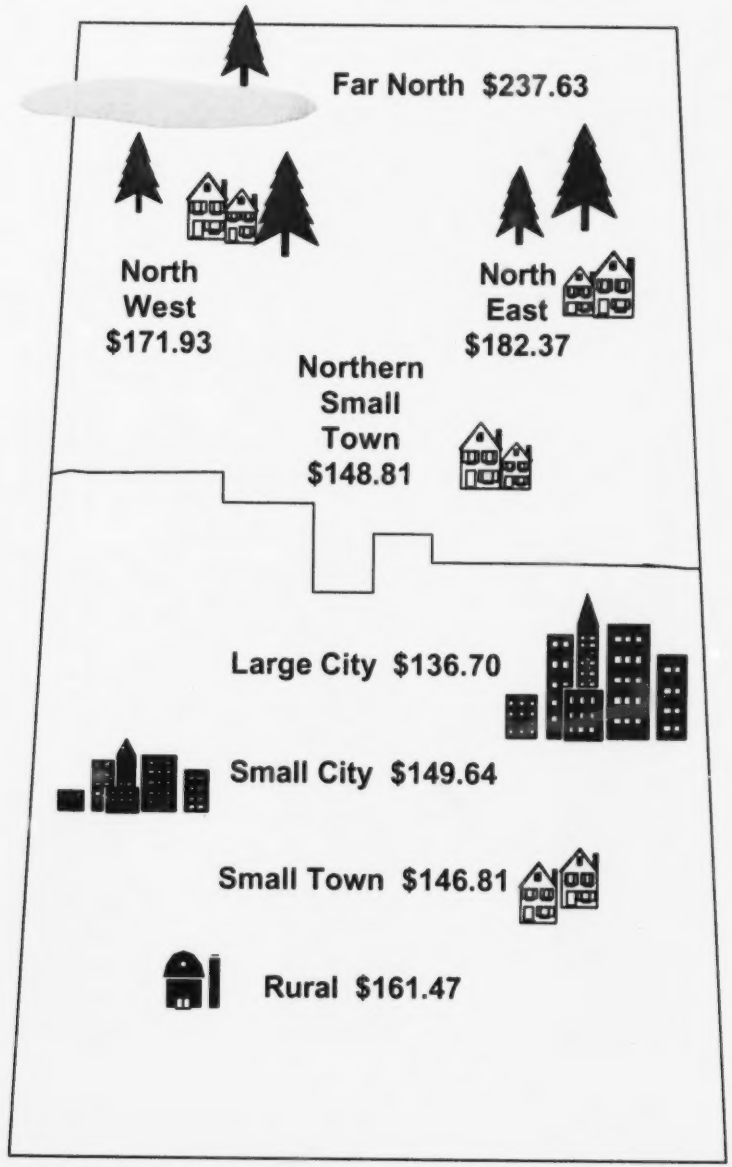
Source: 2001 Census
Prepared by Population Health Unit, May 2003

Average # of Persons Per Room, 1996



Source: Statistics Canada 1996

Prepared by Population Health Unit, May 2003

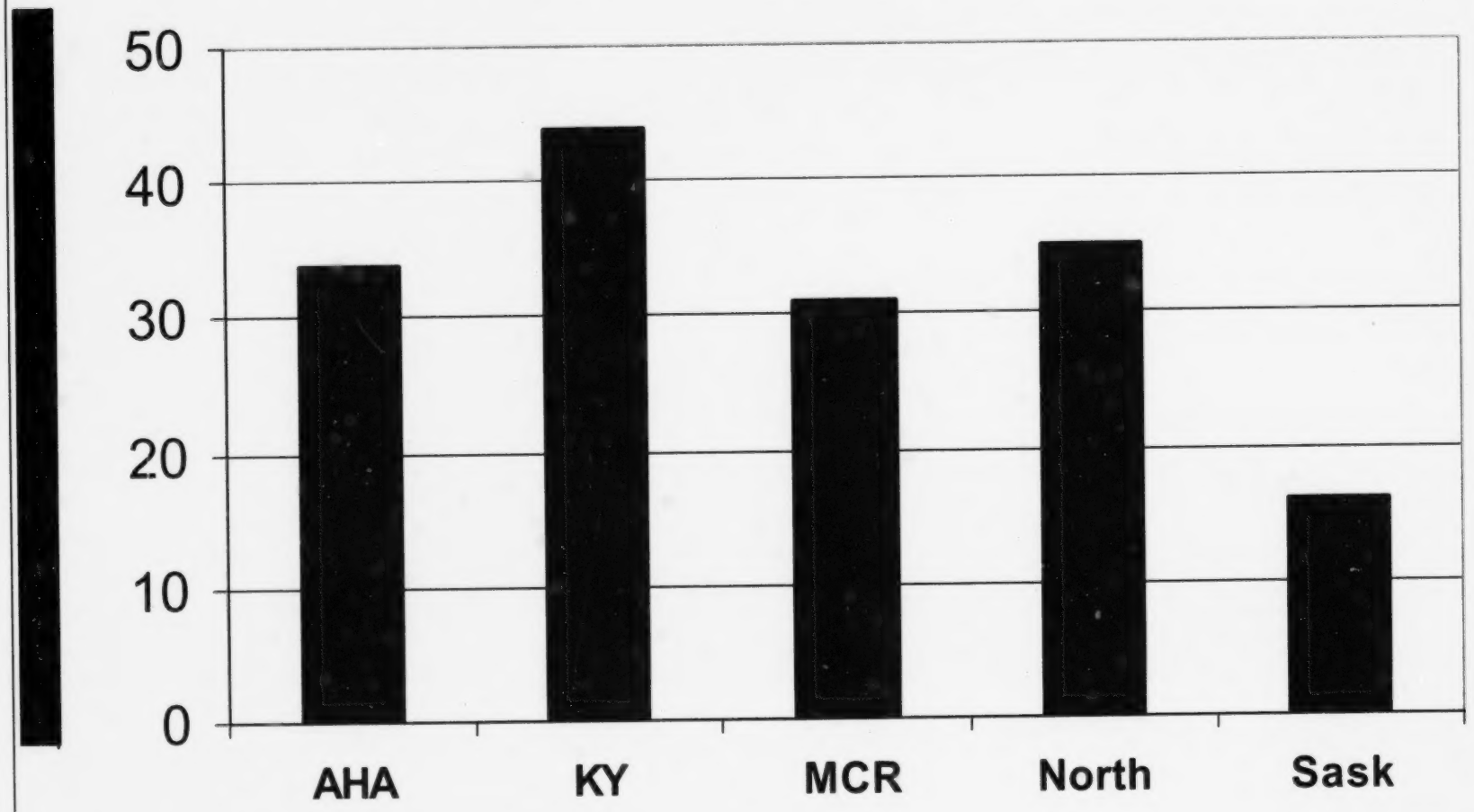


AVERAGE COST TO FEED A FAMILY OF 4 FOR 1 WEEK

Food costs for a standard food basket for a family of 4 for one week

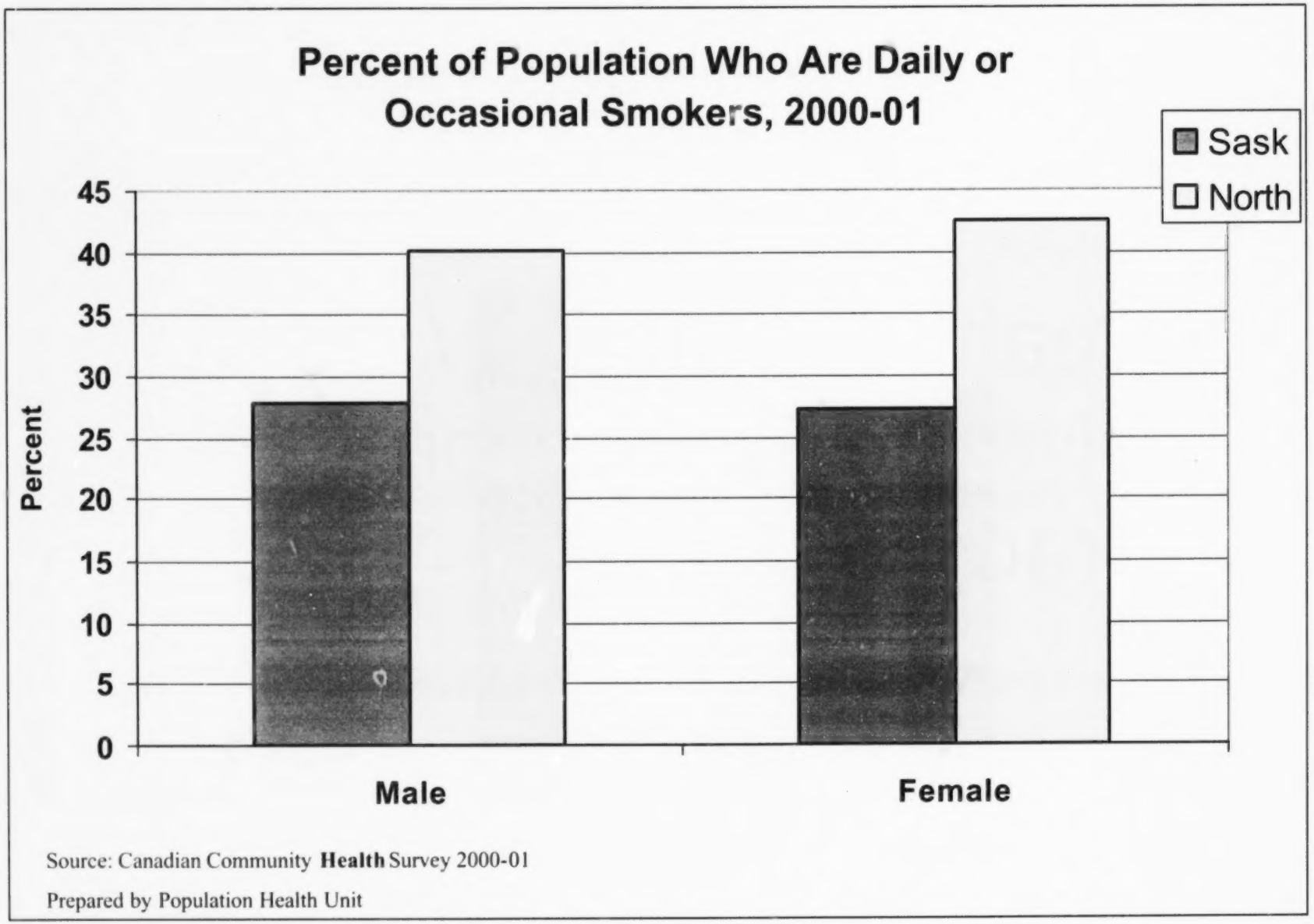
Far North	$237.63
North West	171.93
North East	182.37
LaRonge	148.81
Large City	136.70

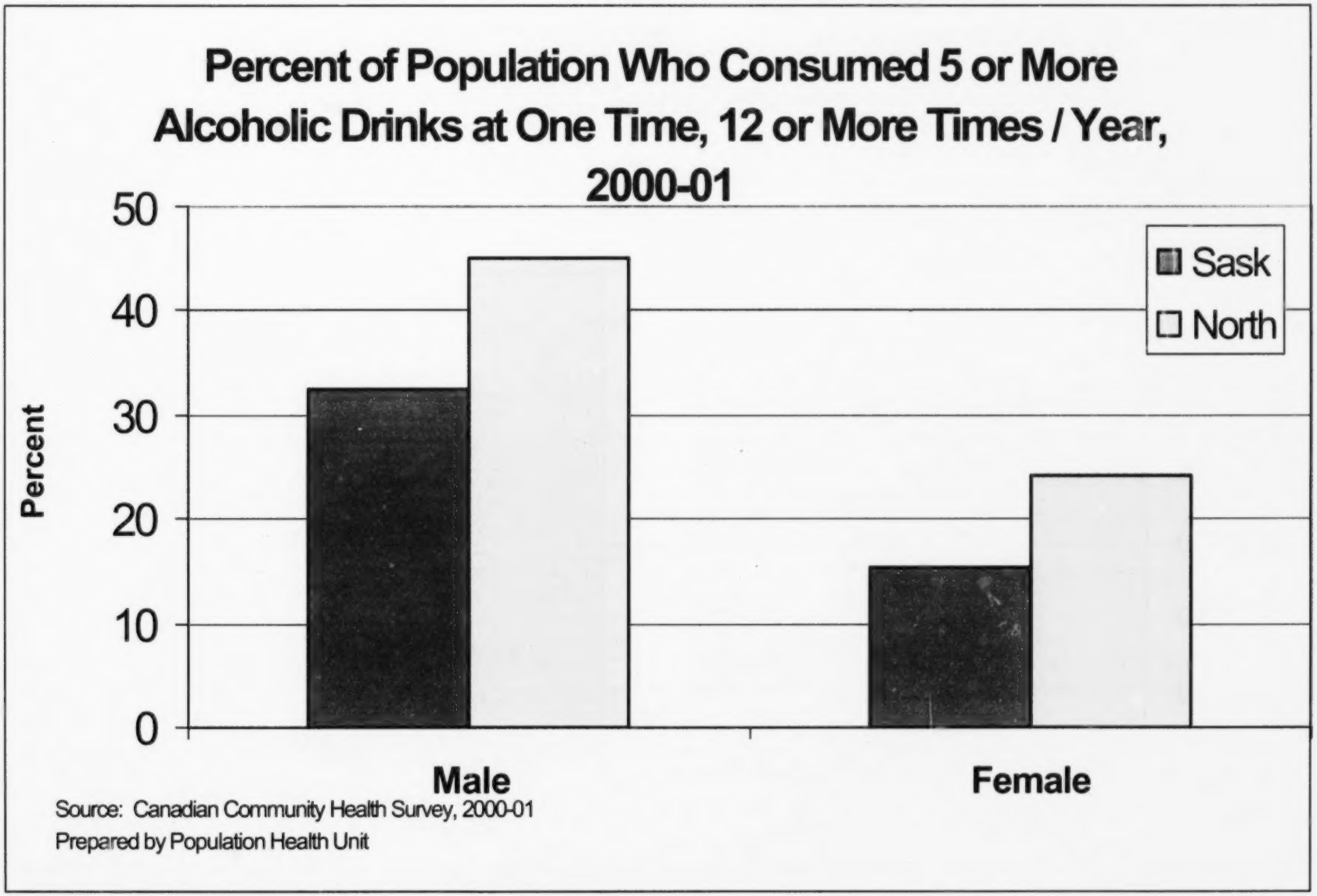
Lone Parent Families, 2001

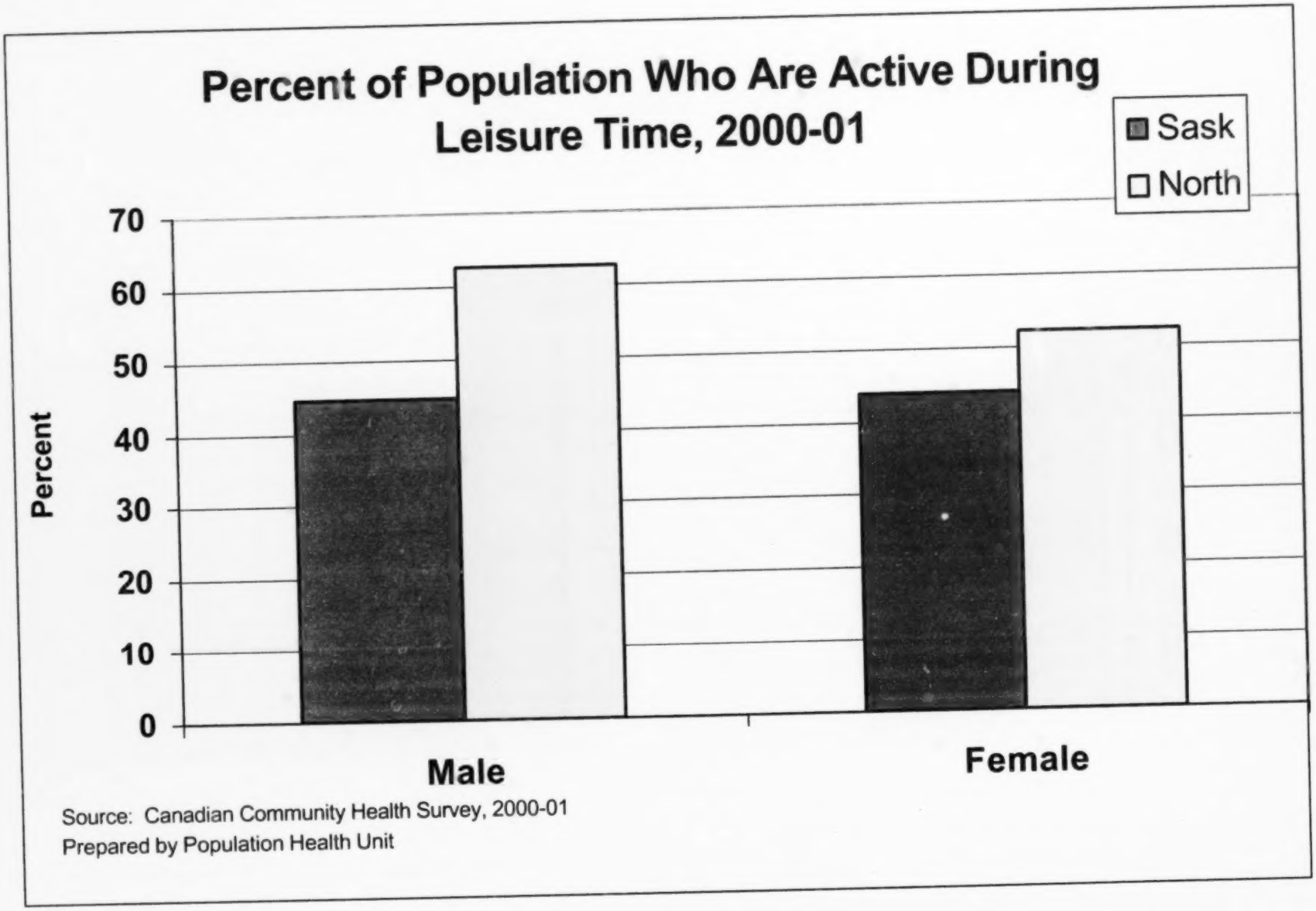


Source: 2001 Census
Prepared by Population Health Unit, May 2003

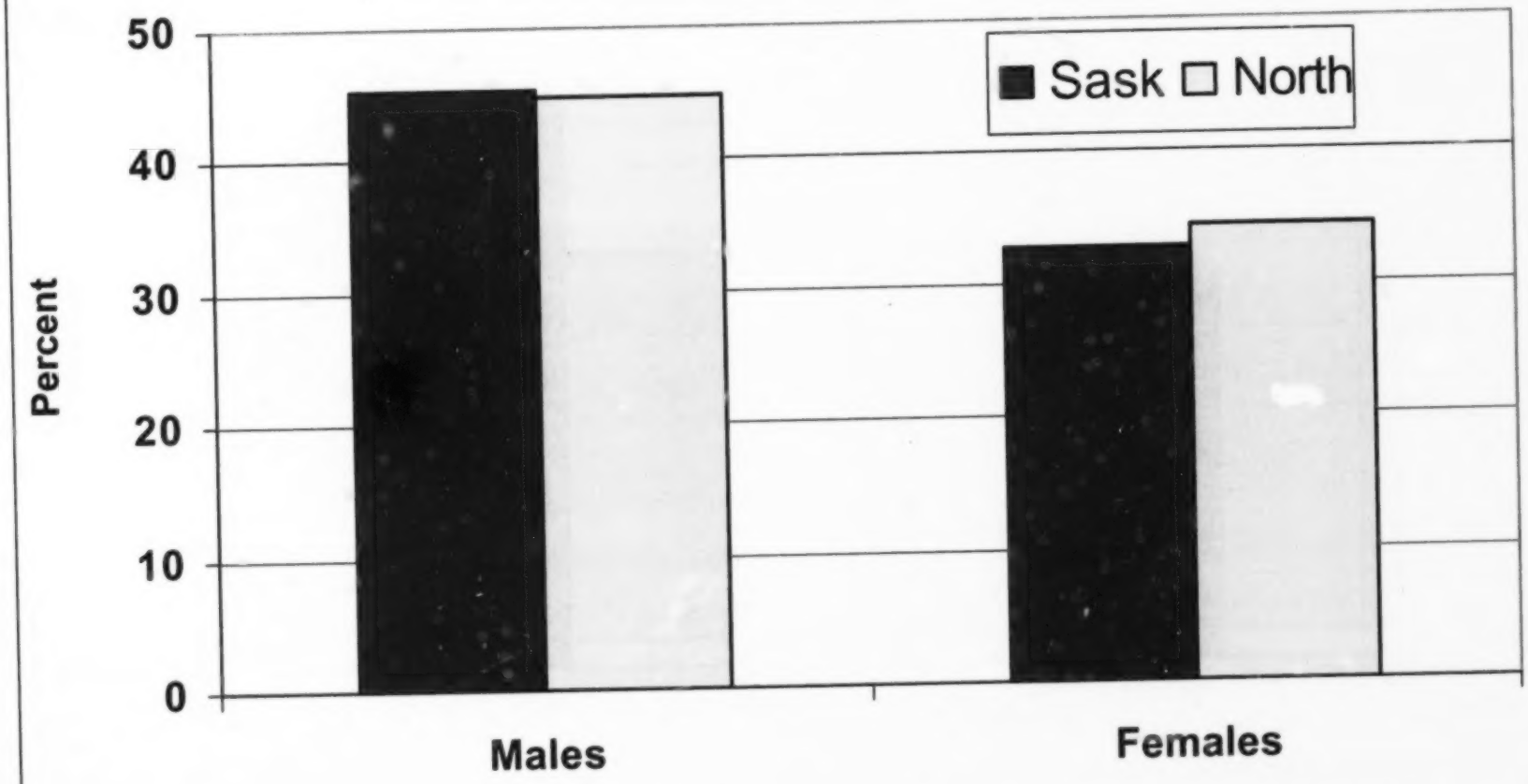
- Health Promotion / Disease Prevention Practice


Percent of Population Who Are Daily or Occasional Smokers, 2000-01
Sask
North
45
40
35
30
25
20
15
10
5
0
Percent
Male
Female
Source: Canadian Community Health Survey 2000-01
Prepared by Population Health Unit


Percent of Population Who Consumed 5 or More Alcoholic Drinks at One Time, 12 or More Times / Year, 2000-01
Percent
50
40
30
20
10
0
Sask
North
Male
Female
Source: Canadian Community Health Survey, 2000-01
Prepared by Population Health Unit


Percent of Population Who Are Active During Leisure Time, 2000-01
Sask
North
Percent
70
60
50
40
30
20
10
0
Male
Female
Source: Canadian Community Health Survey, 2000-01
Prepared by Population Health Unit

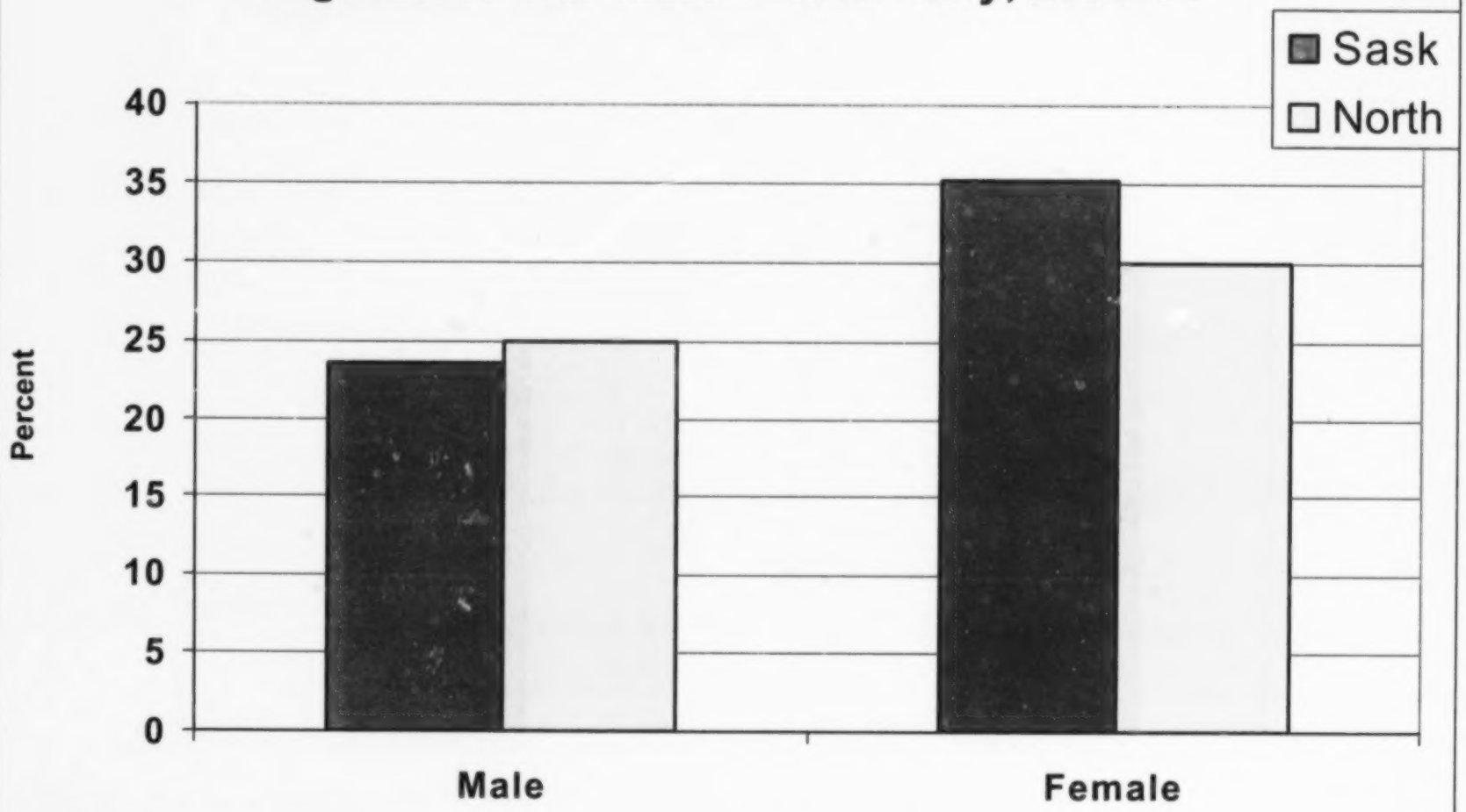
Population Reporting to be Overweight*
(BMI > 27), Ages 12 & Over, 2000-01



Source: Canadian Community Health Survey, 2000-01
Prepared by Population Health Unit

* by Canadian Standards

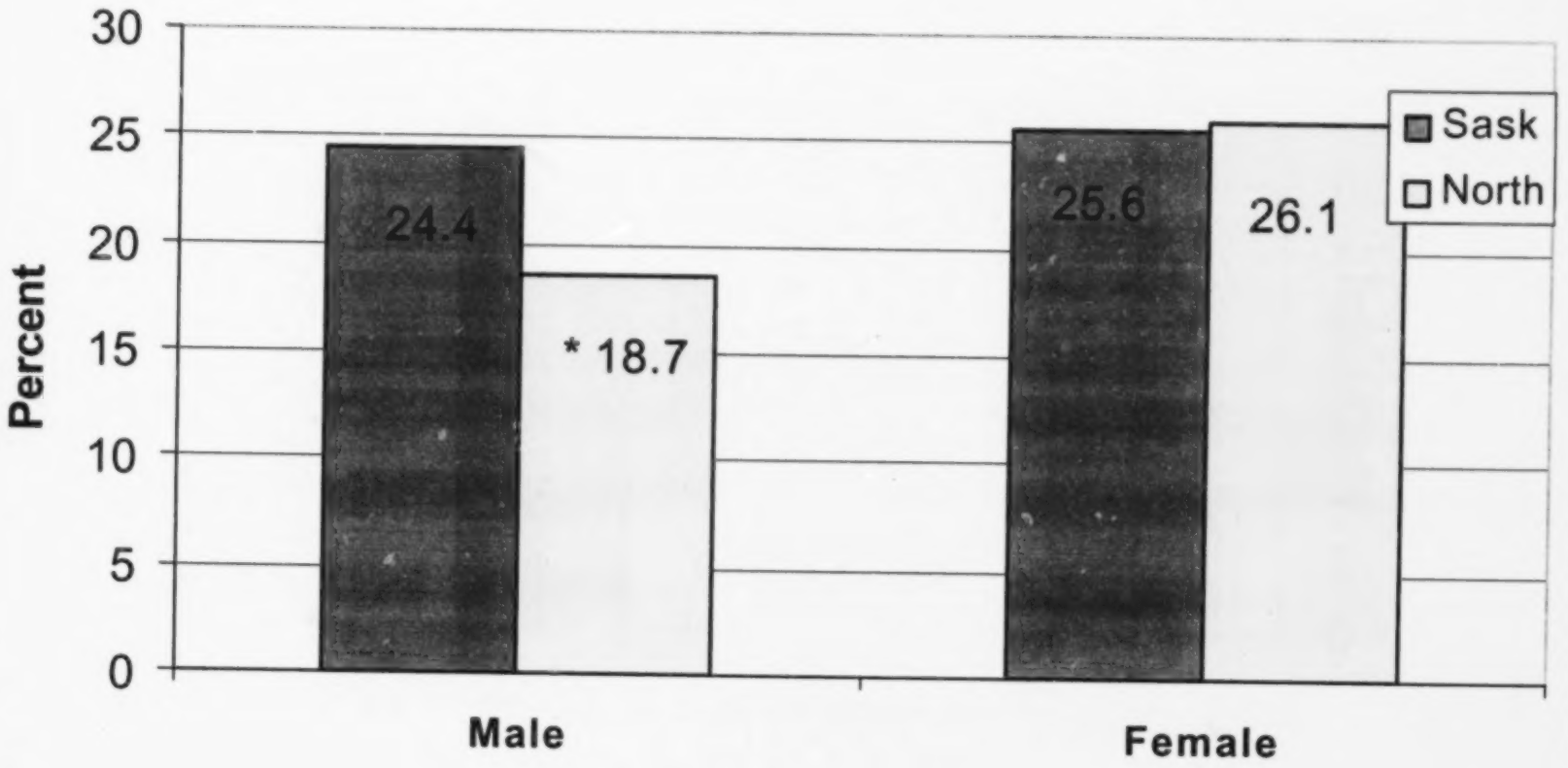
Percent of Population Who Consume Fruit & Vegetables 5 or More Times Daily, 2000-01



Source: Canadian Community Health Survey 2000-01

Prepared by Population Health Unit

Percent of Population Dealing With Stress, 2000-01

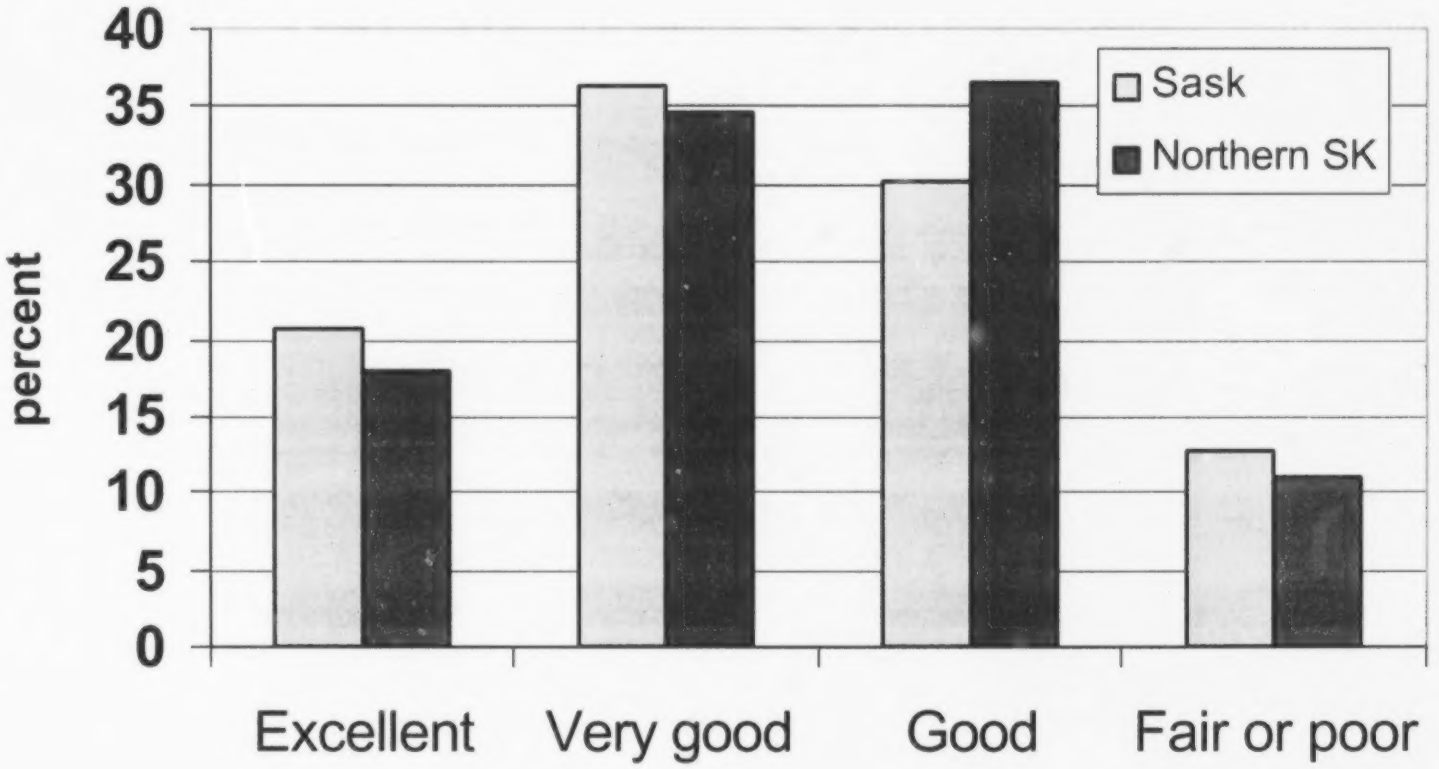


* designates "uncertain accuracy"

Source: Canadian Community Health Survey 2000-01

Prepared by Population Health Unit

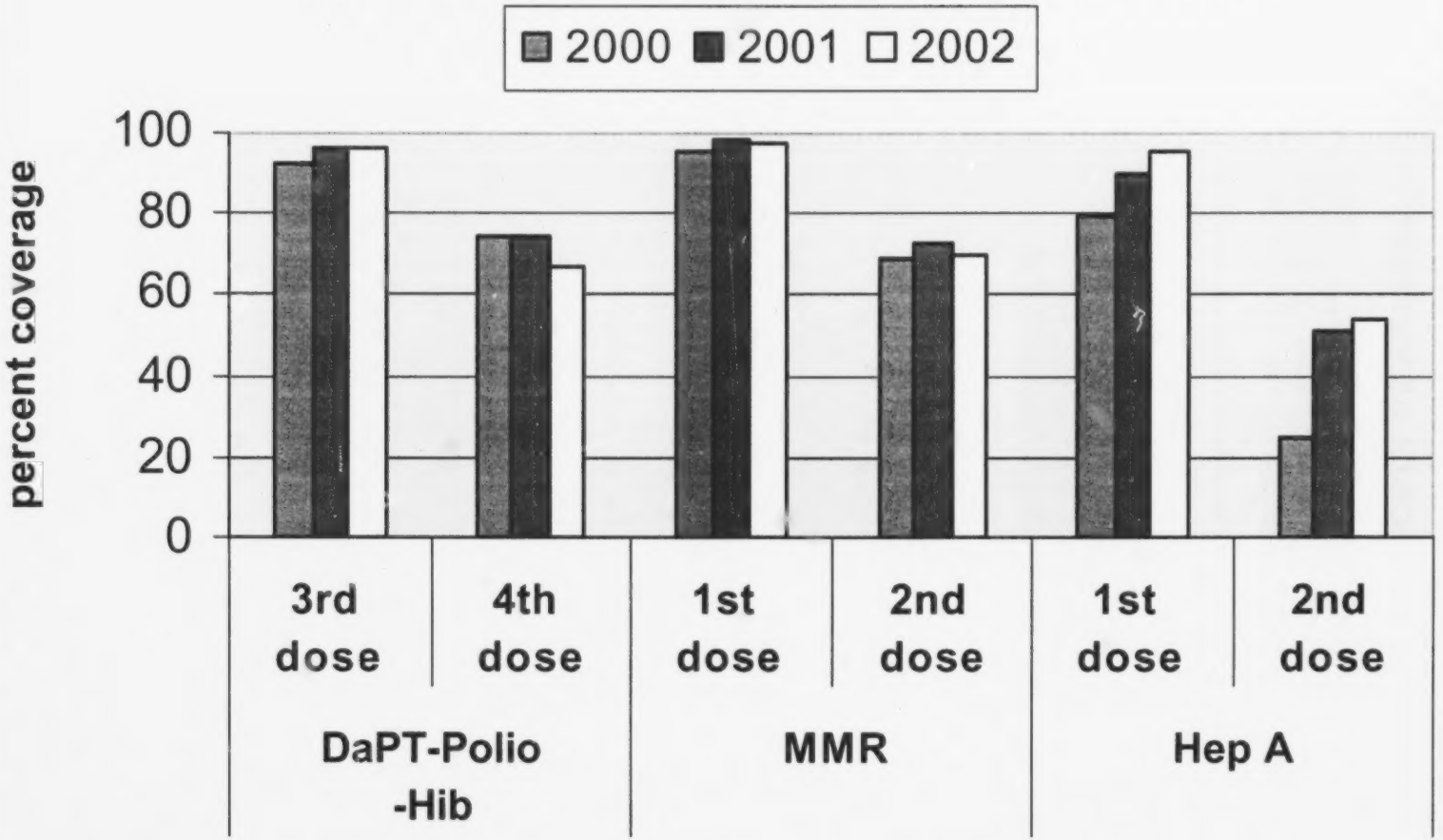
Self-Rated Health Level, Ages 12&Over, Northern Sask Residents, 2000-1



Source: Canadian Community Health Survey

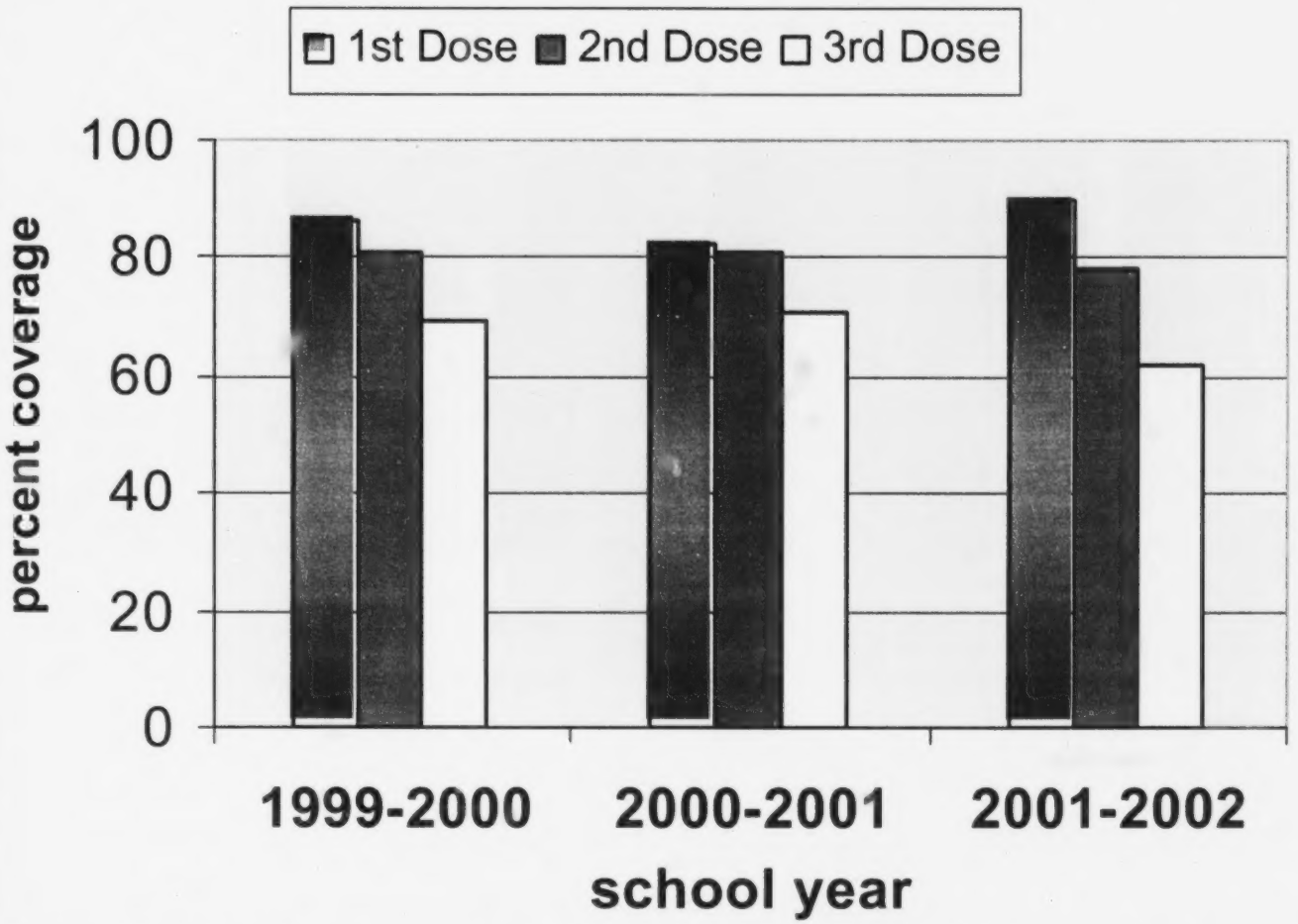
Prepared by Population Health Unit Mar 03

Immunization Coverage at 2nd Birthday, Keewatin Yatthe' HR (off reserve)



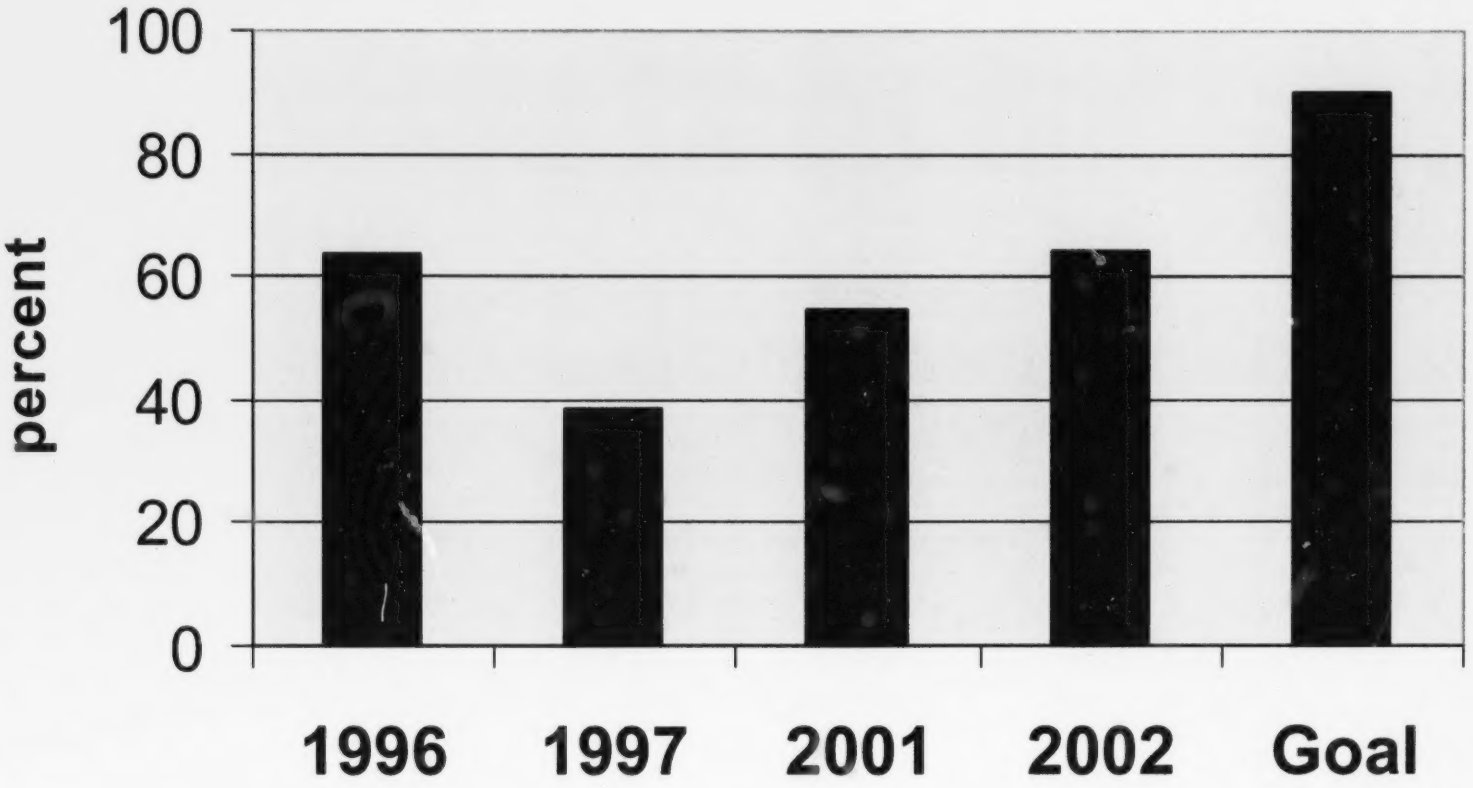
Source: Population Health Unit Data / Prepared by Population Health Unit, Mar/03

Grade 6 Hepatitis B Immunization Coverage, By Dose Number, KYHR (off reserve)

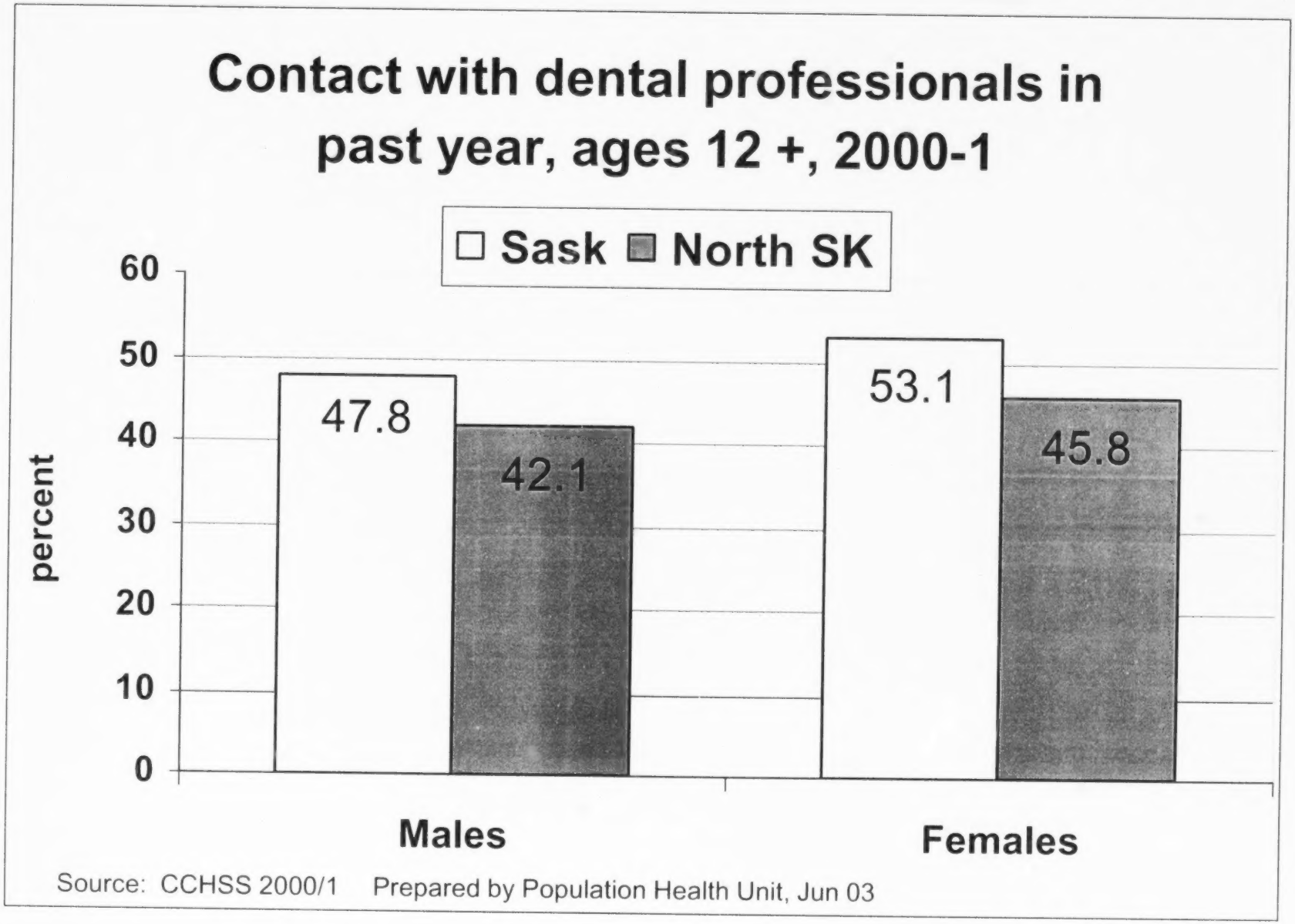


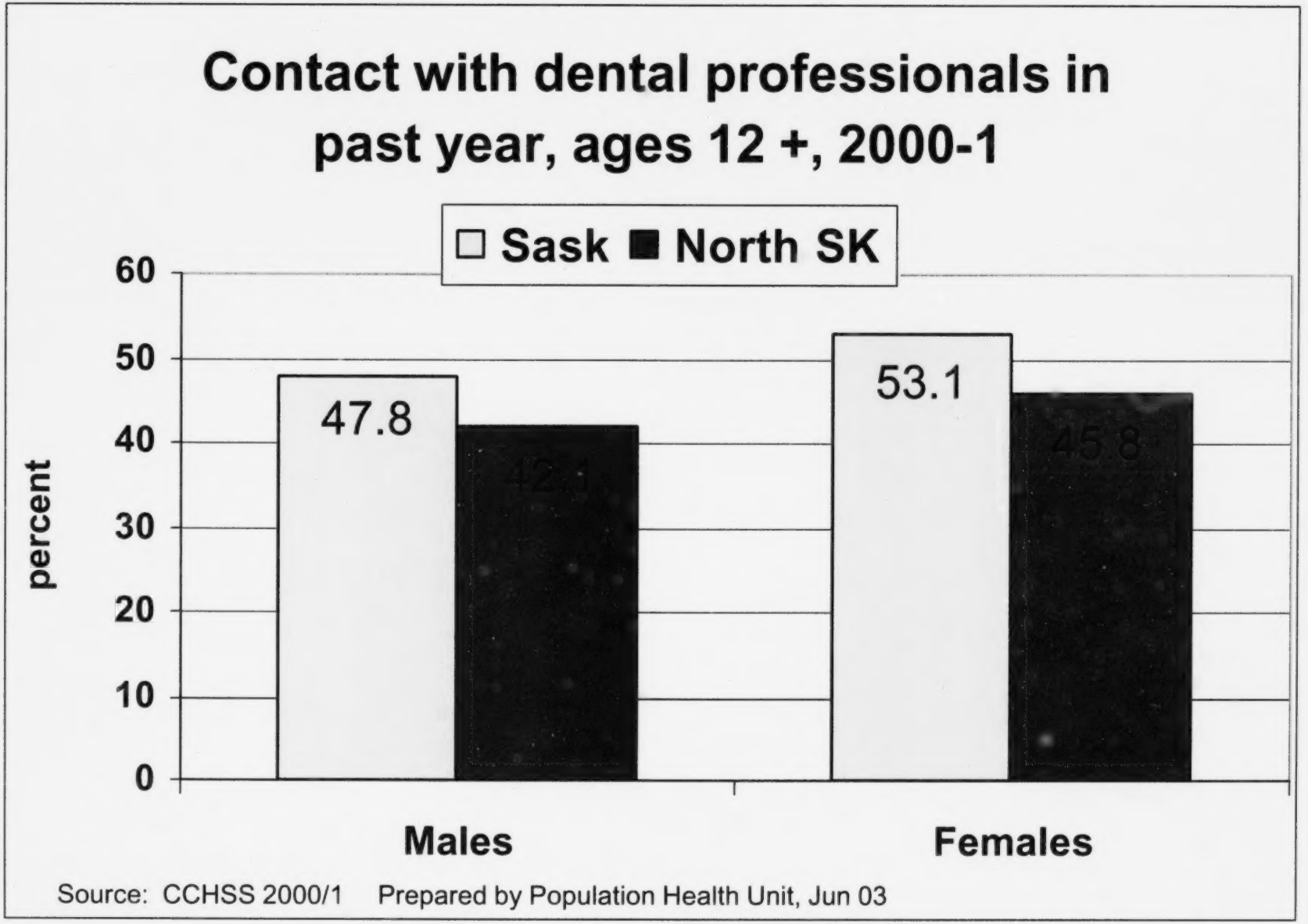
Source: Population Health Unit Data / Prepared by Population Health Unit, Mar/03

Coverage of Influenza Vaccine, Ages 65 +
KYHR (including FN communities)



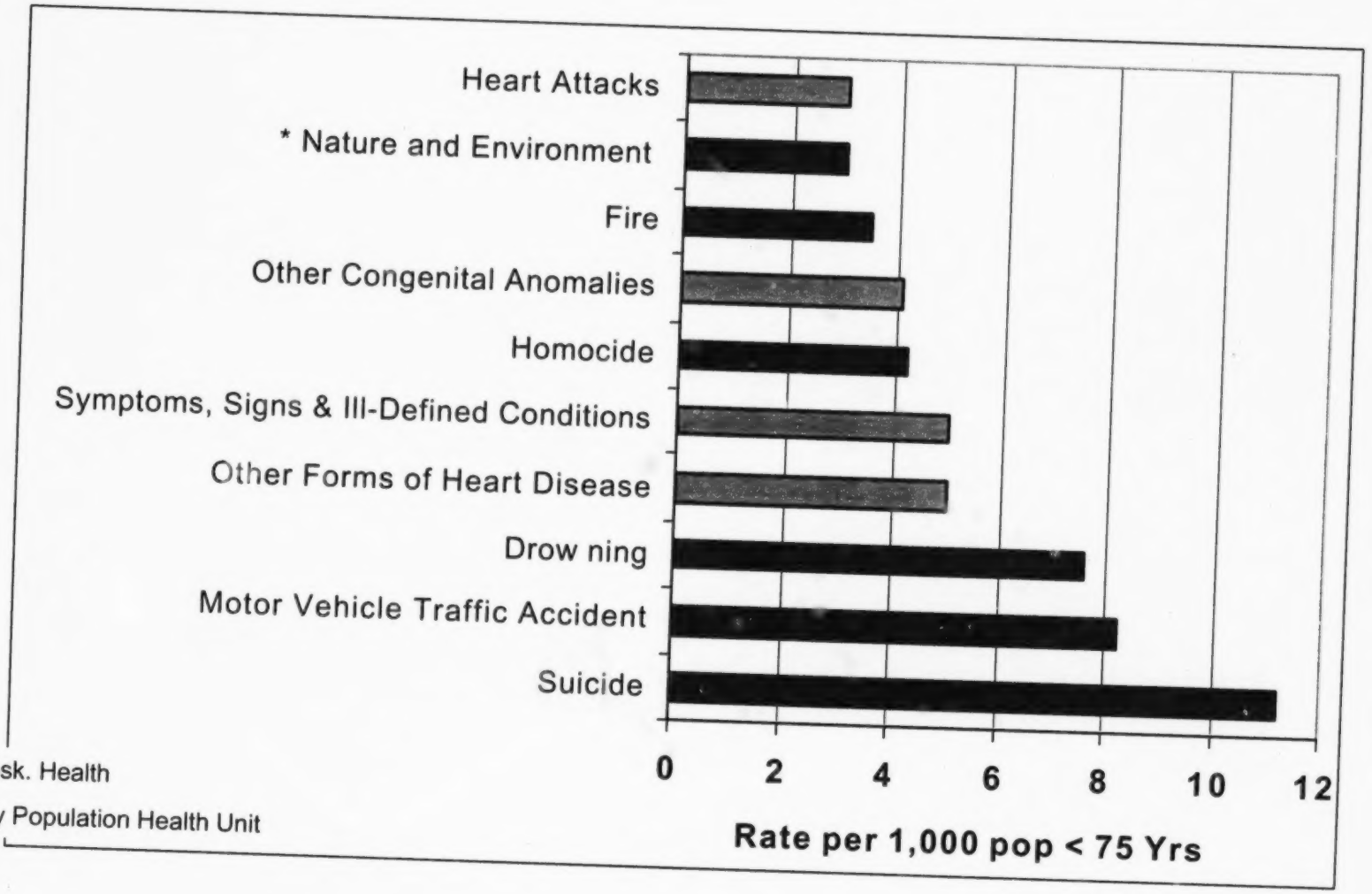
Source: Population Health Unit & NITHA / Prepared by Population Health Unit, Jun/03


Contact with dental professionals in past year, ages 12 +, 2000-1
Sask
North SK
60
50
40
30
20
10
0
percent
47.8
42.1
53.1
45.8
Males
Females
Source: CCHSS 2000/1 Prepared by Population Health Unit, Jun 03


Contact with dental professionals in past year, ages 12 +, 2000-1
Sask
North SK
60
50
40
30
20
10
0
percent
47.8
42.1
53.1
45.8
Males
Females
Source: CCHSS 2000/1 Prepared by Population Health Unit, Jun 03

Leading Causes of Death & Hospitalization

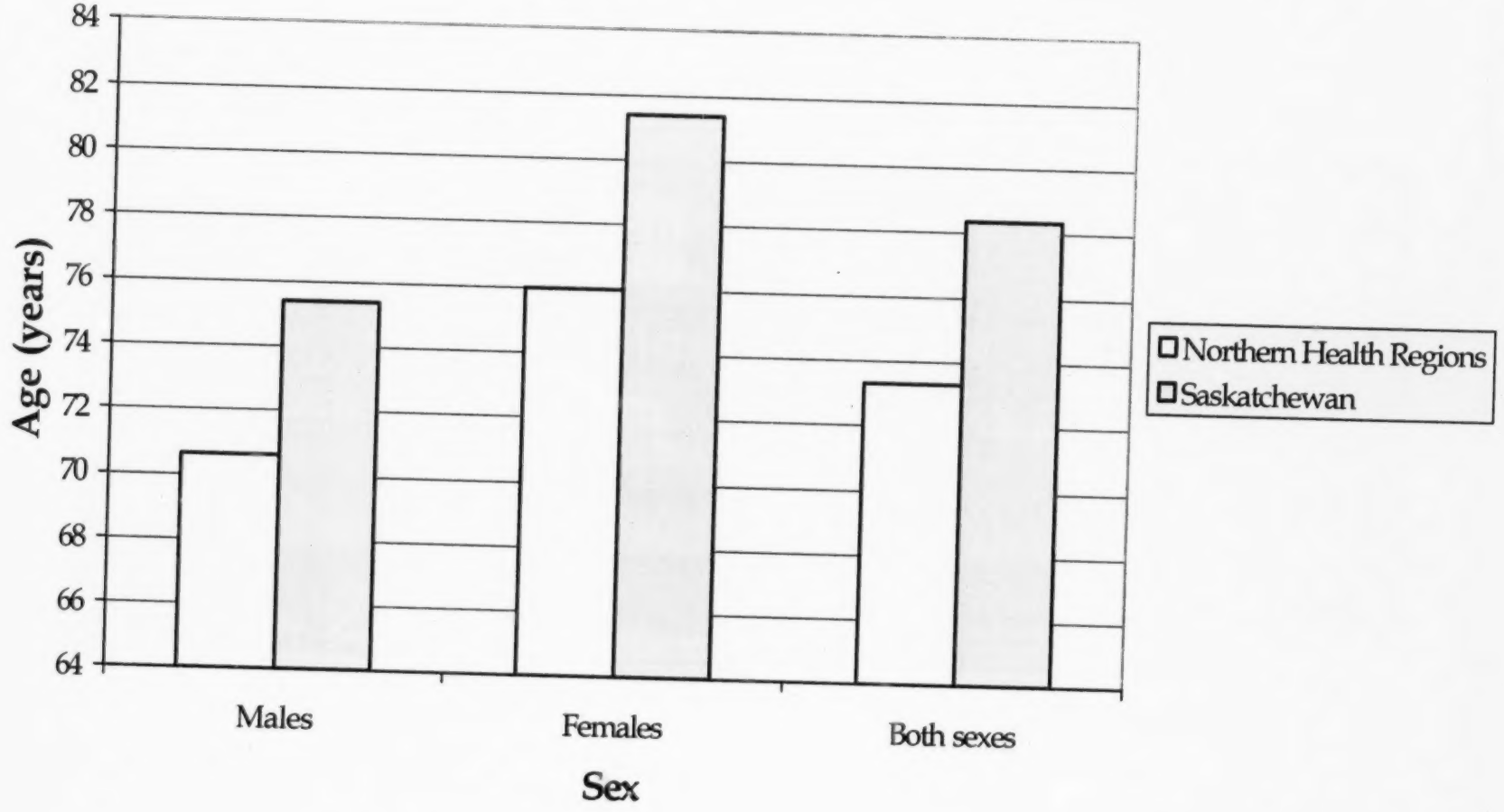
Top 10 Causes PYLL in North, 1994 – 99 Average Annual PYLL Rate



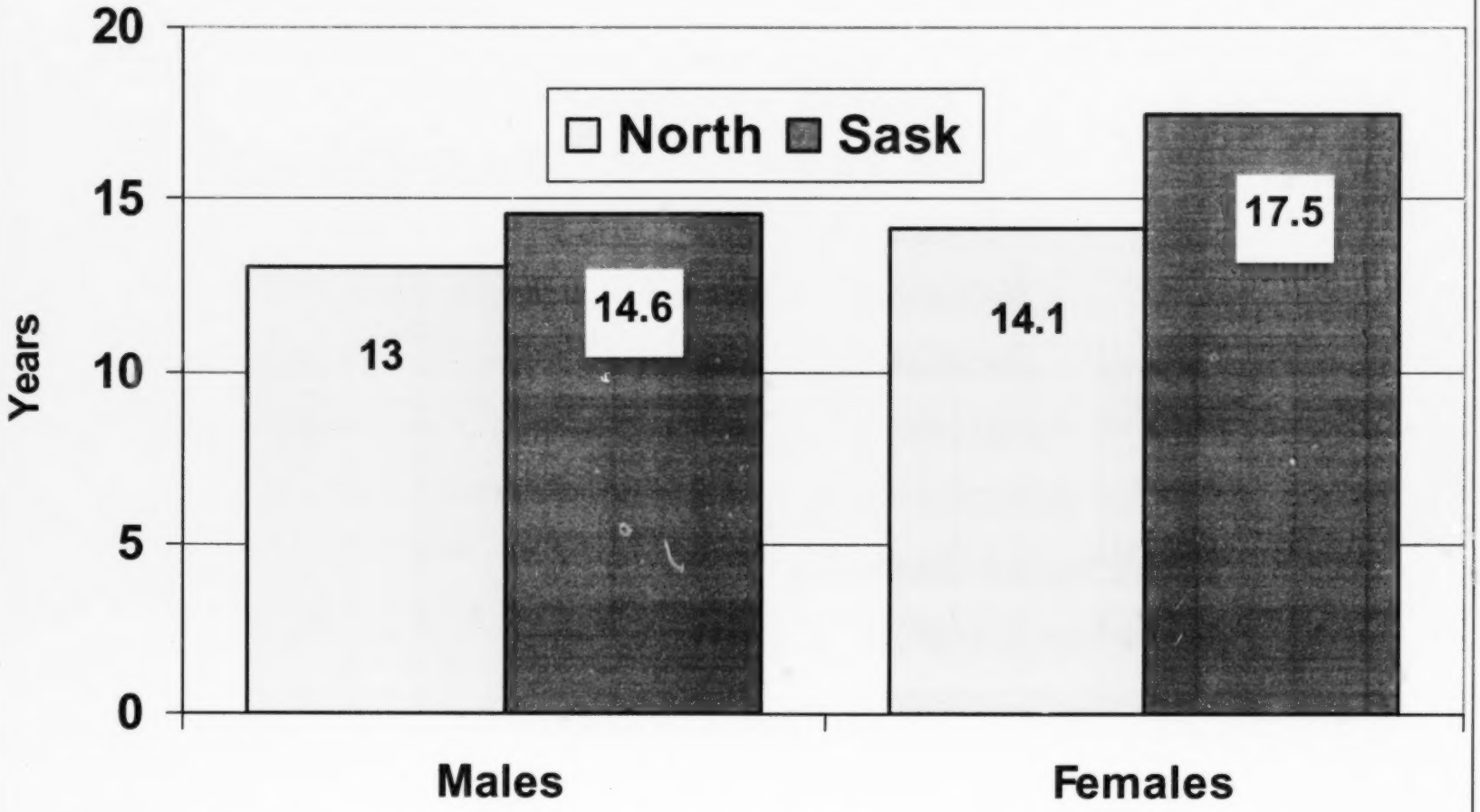
Source: Sask. Health

Prepared by Population Health Unit

Life expectancy at birth, Northern Health Regions (Keewatin Yatthe, Mamawetan & Athabasca), by sex, 1996

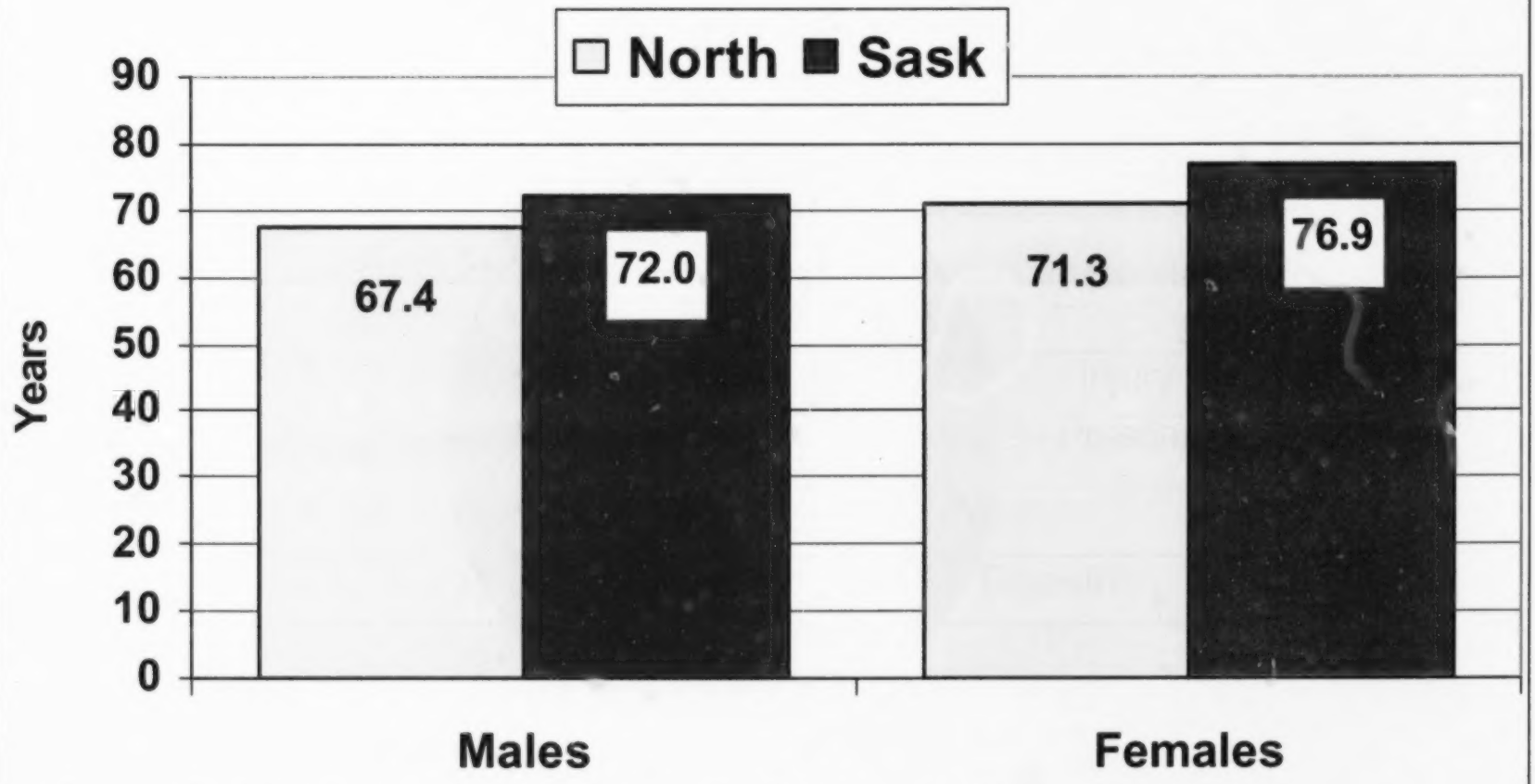


Disability-Adjusted Life Expectancy
At Age 65, 1996



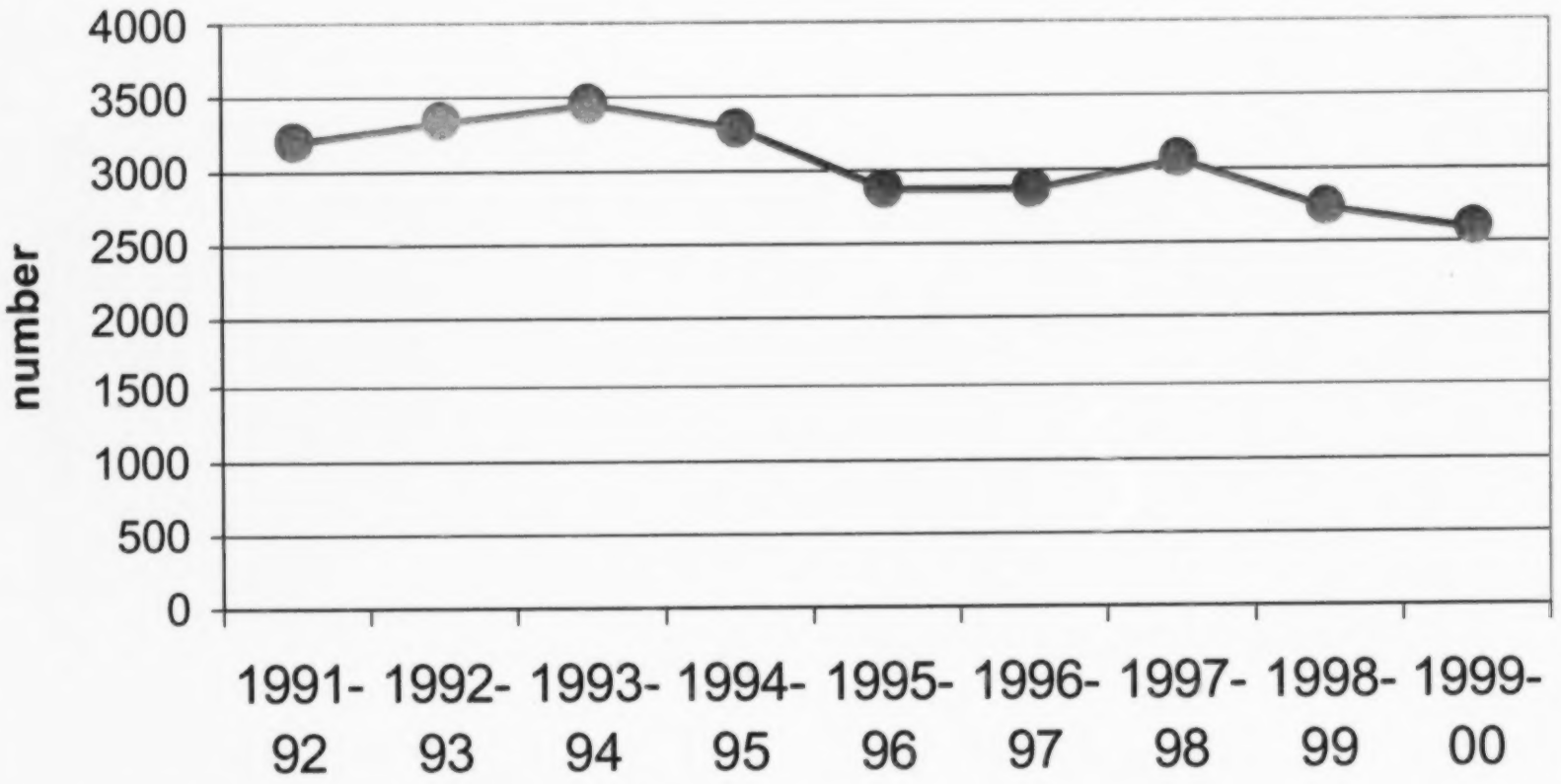
Source: Statistics Canada, Oct 02 Prepared by Population Health Unit, Jun 03

Disability-Adjusted Life Expectancy At Birth, 1996



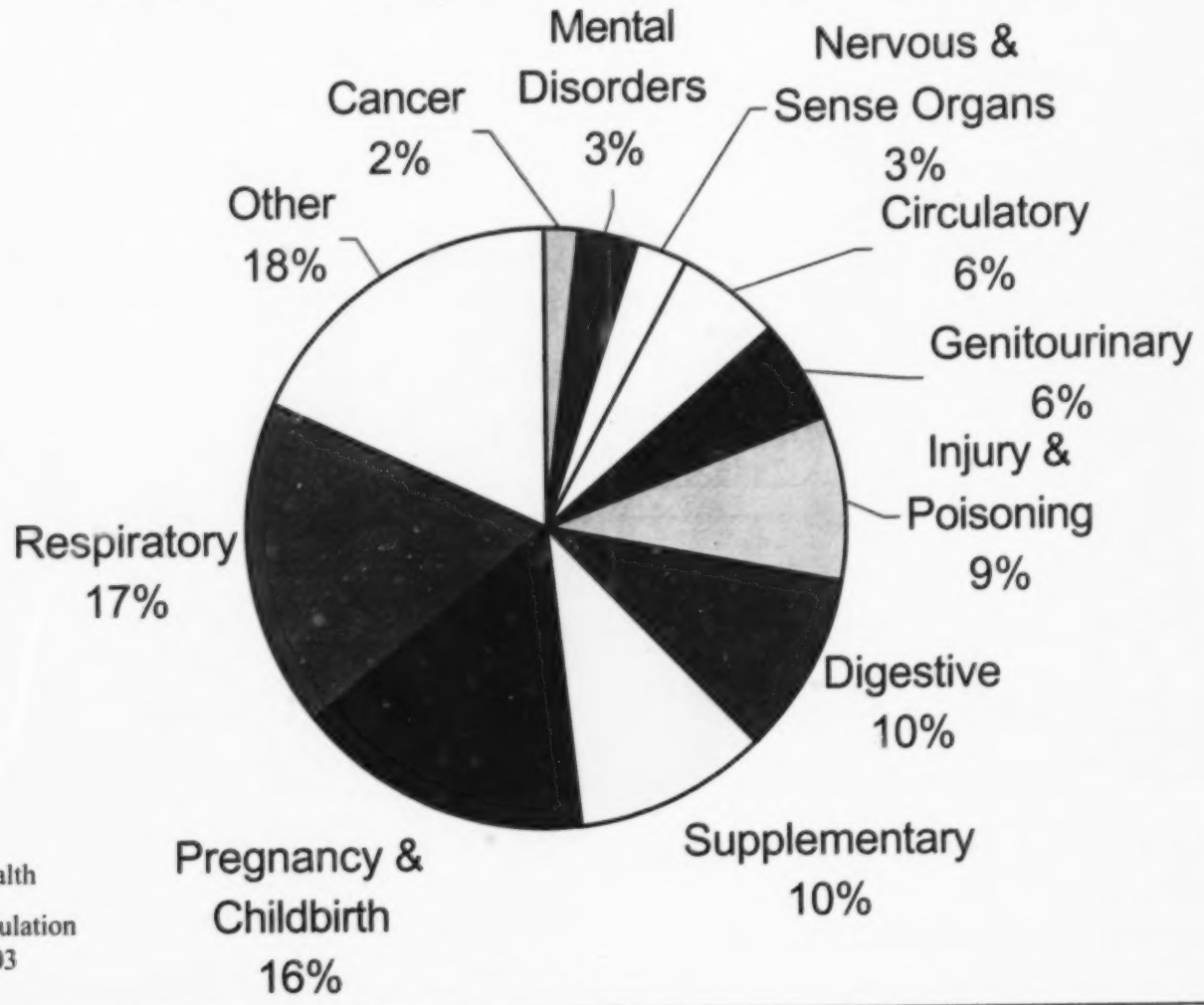
Source: Statistics Canada, Oct 02 Prepared by Population Health Unit, Jun 03

Trends in Hospitalization, 1991-2000
Keewatin Yatthe' HR



Source: Sask Health Prepared by Population Health Unit Jun 03

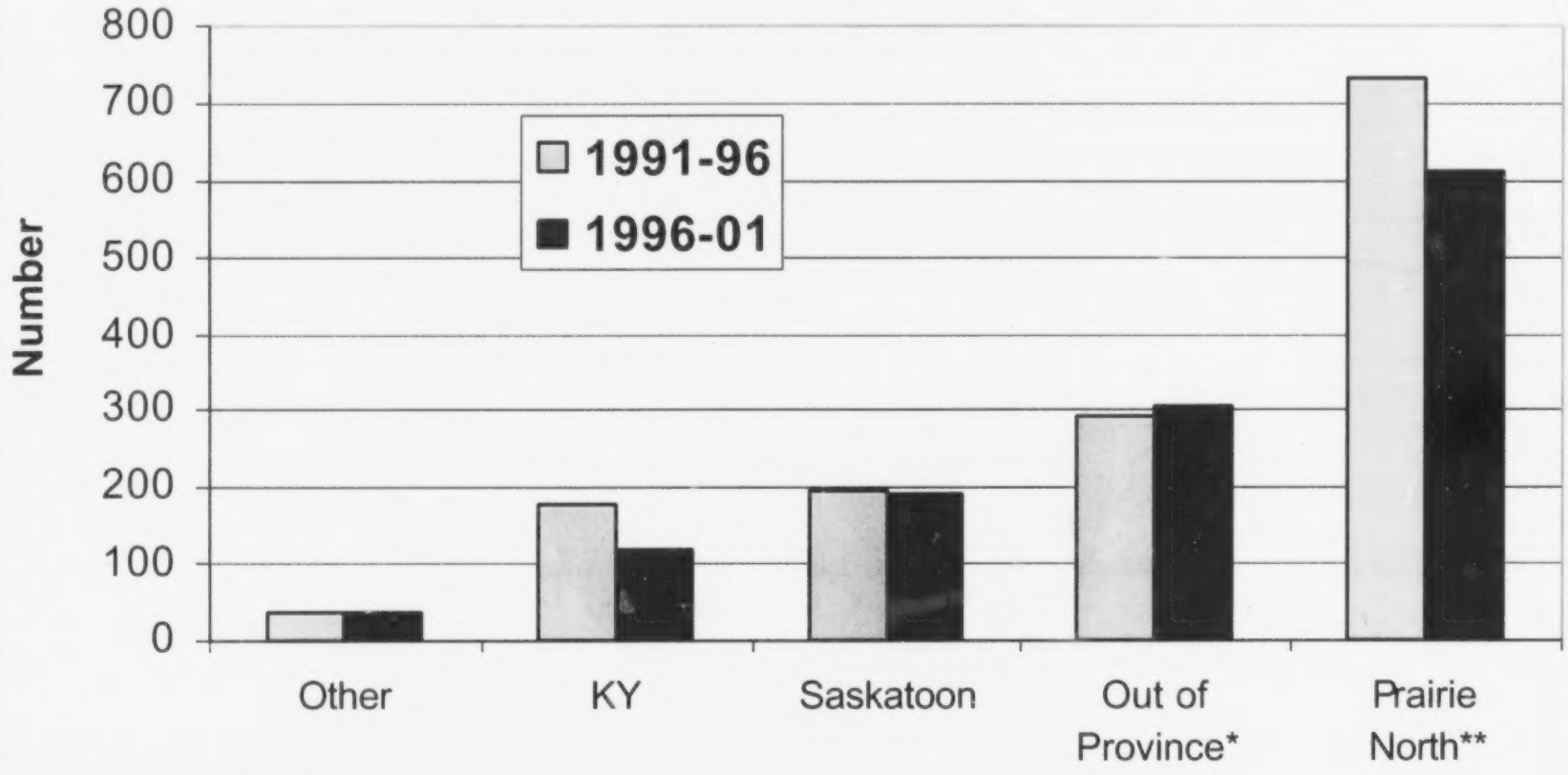
Diagnosis at Hospital Discharge, 1991-2000, KYHR Residents



Source: Sask Health

Prepared by: Population Health Unit Jun 03

Deliveries to KYHR Residents, by Location of Delivery, 1991-2001

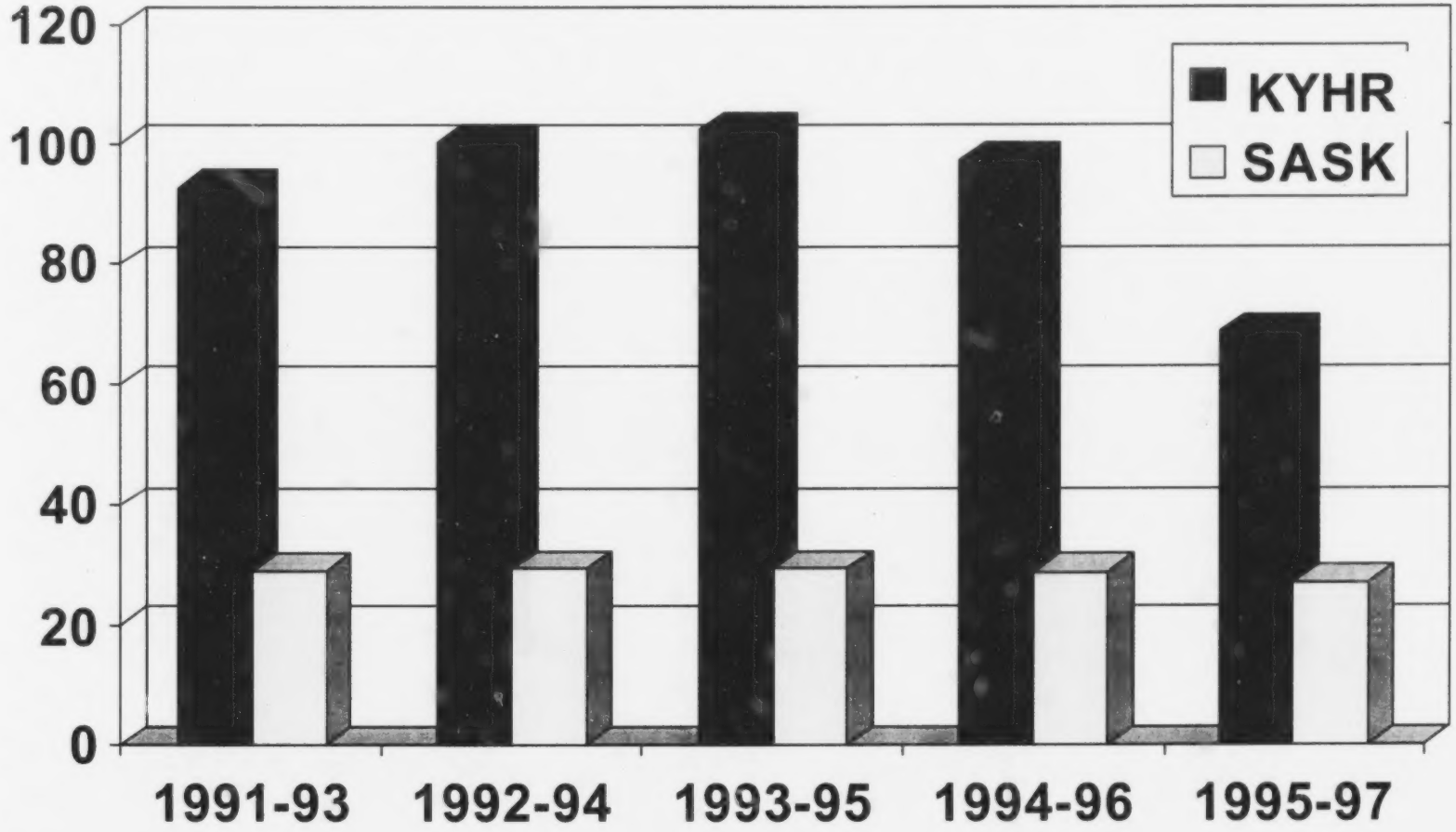


Source: Sask Health
Prepared by Population Health Unit, May-03

*includes Fort McMurray
** includes North Battleford & Meadow Lake

Teen Pregnancies (10 – 19 Years)

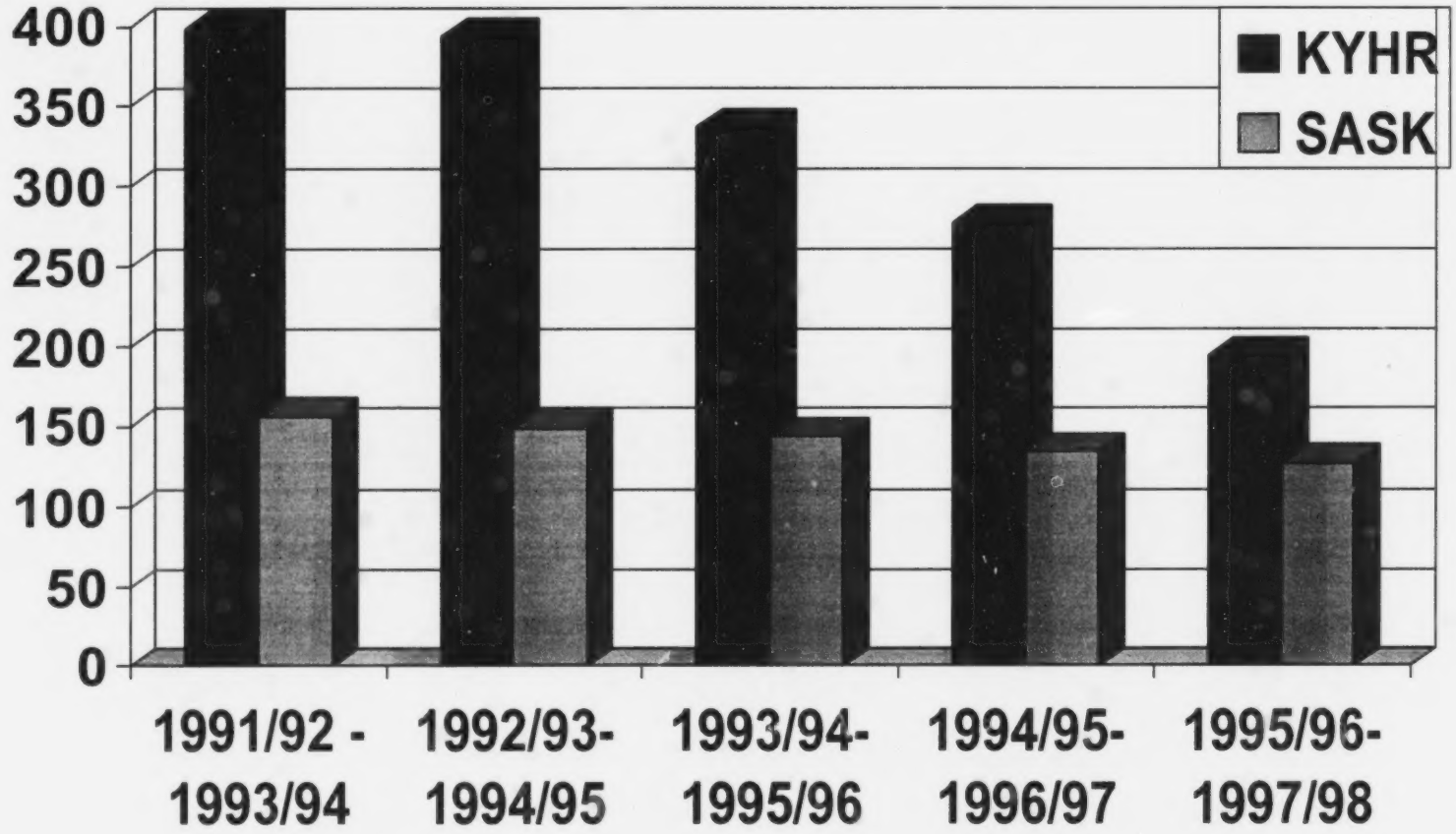
(per 1,000 Females)



Source: Sask Health

Prepared by Population Health Unit

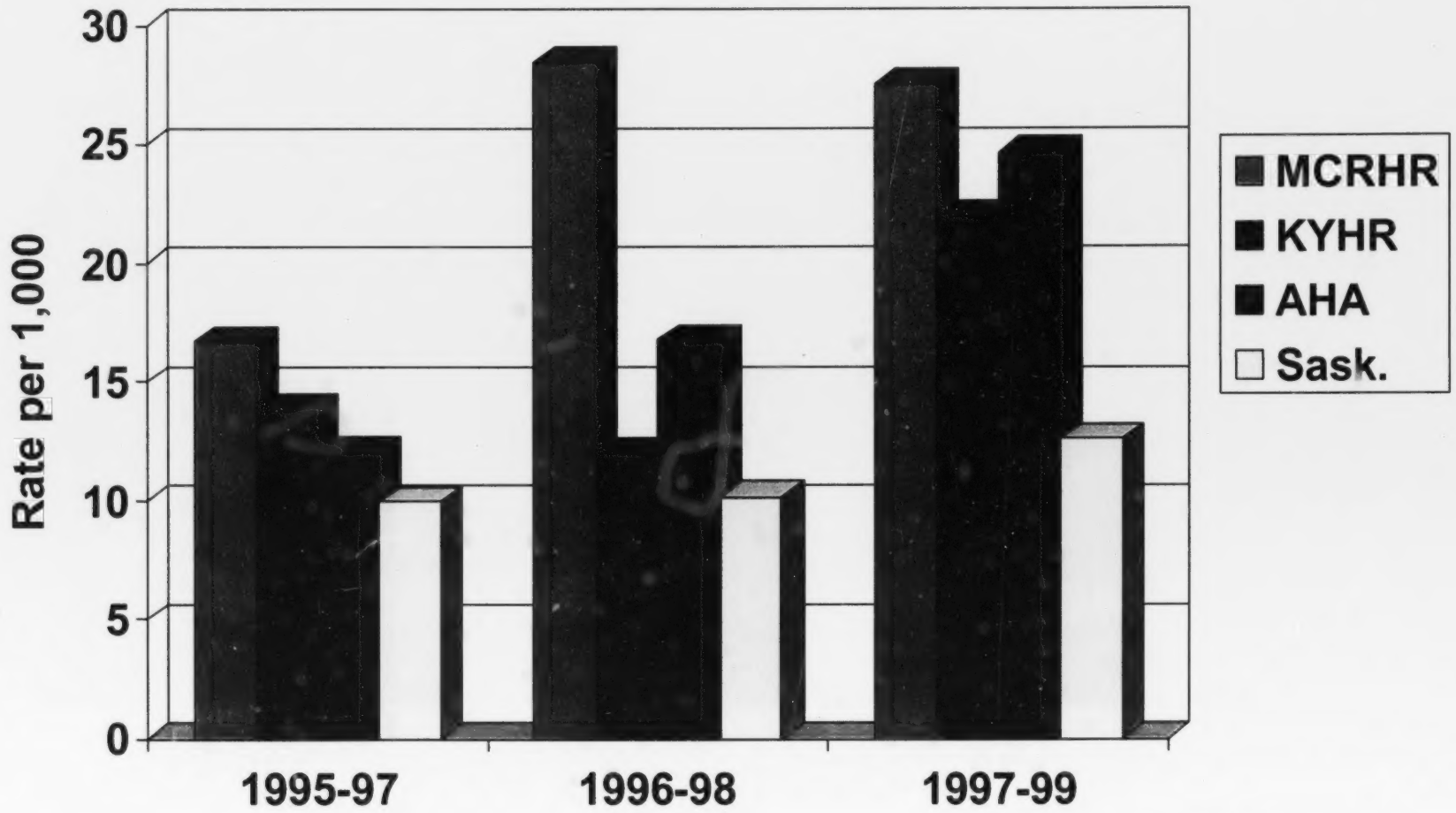
Preventable Infant Hospitalizations – KYHR (per 1,000 Infants)



Source: Sask Health

Prepared by Population Health Unit

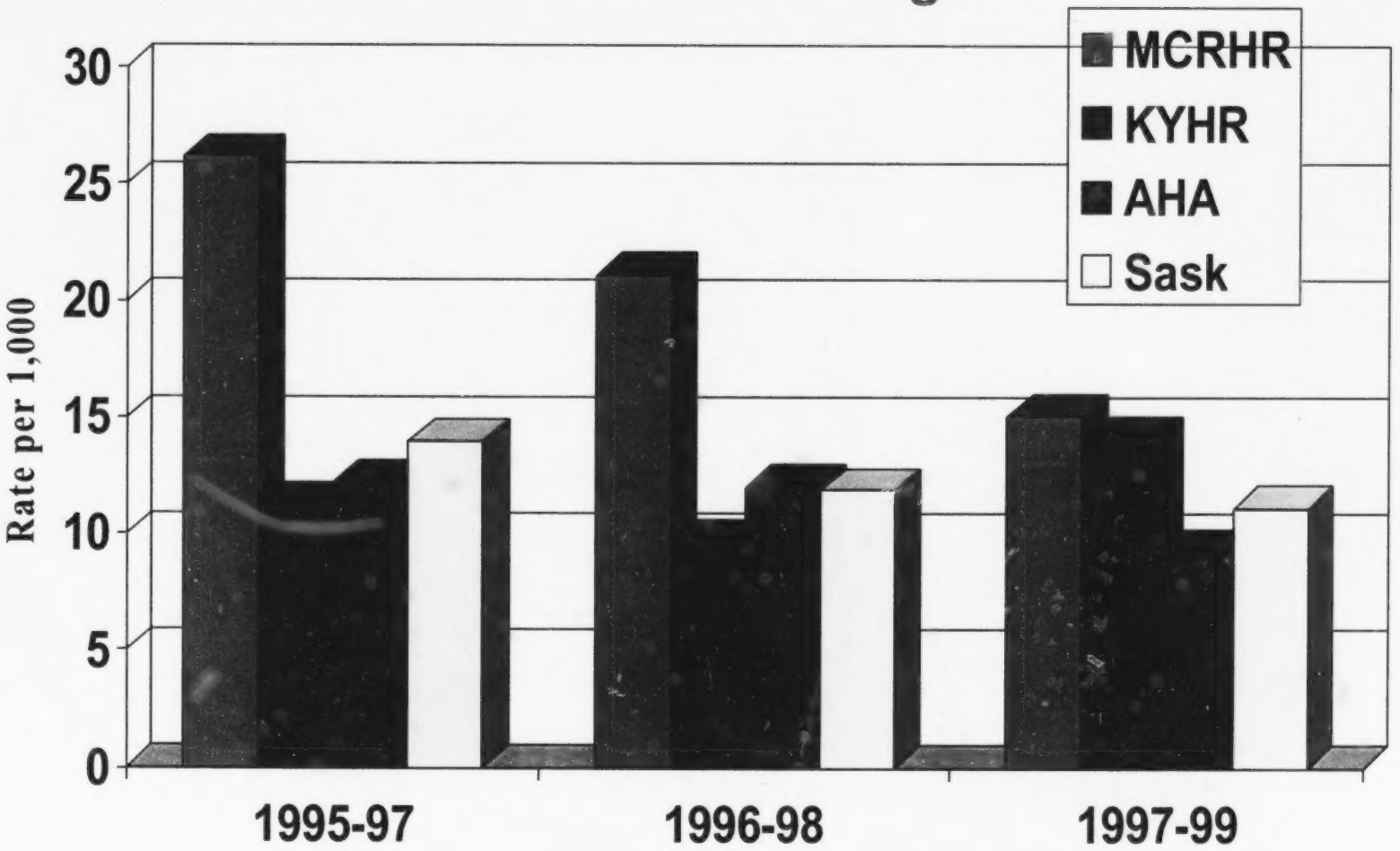
Injury Hospitalizations, Children & Youth
(10-19 Years of Age)



Source: Sask Health

Prepared by Population Health Unit

Respiratory Hospitalizations,
Children & Youth 10-19 Years of Age

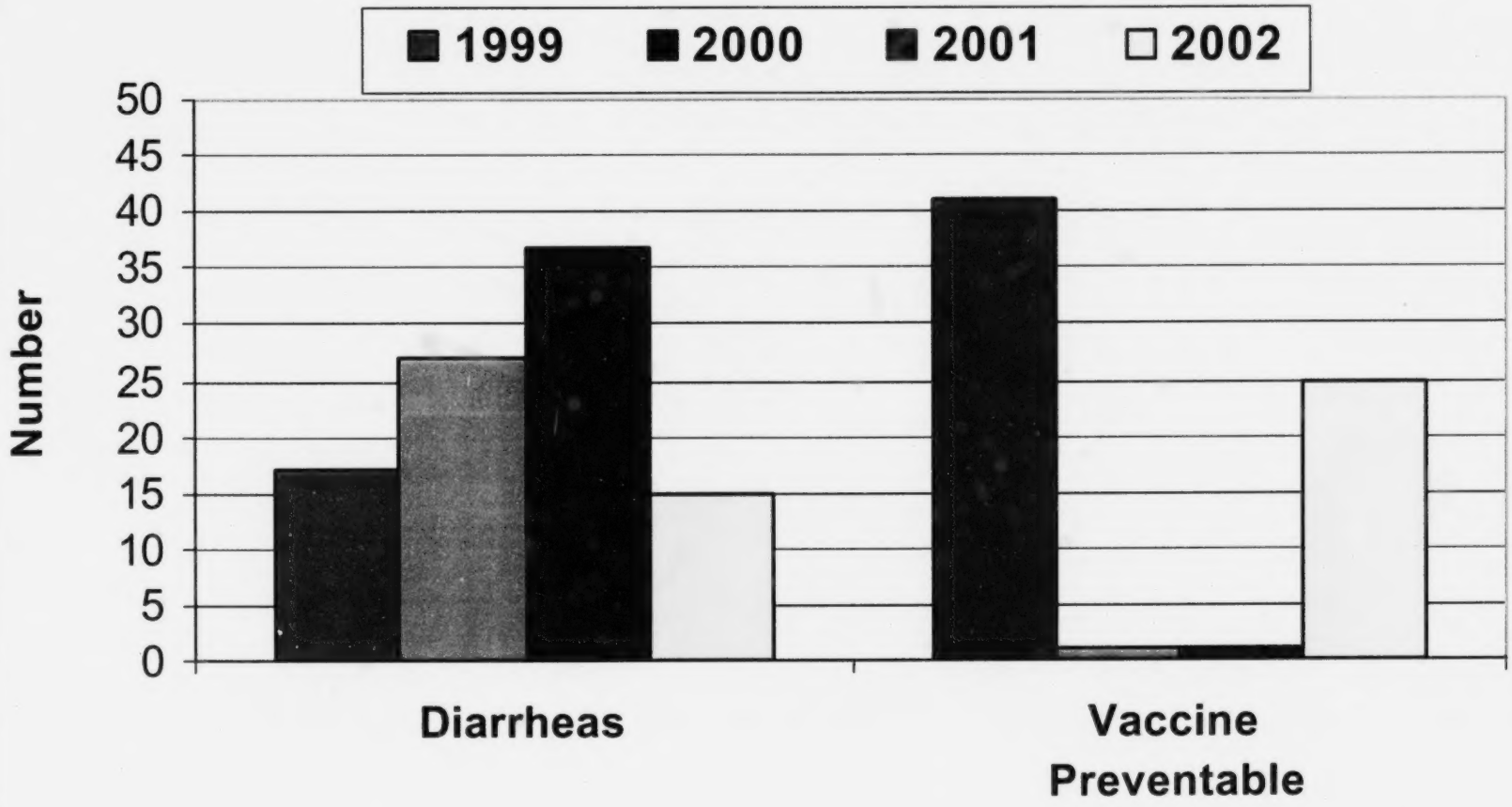


Source: Sask Health

Prepared by Population Health Unit

Communicable Diseases

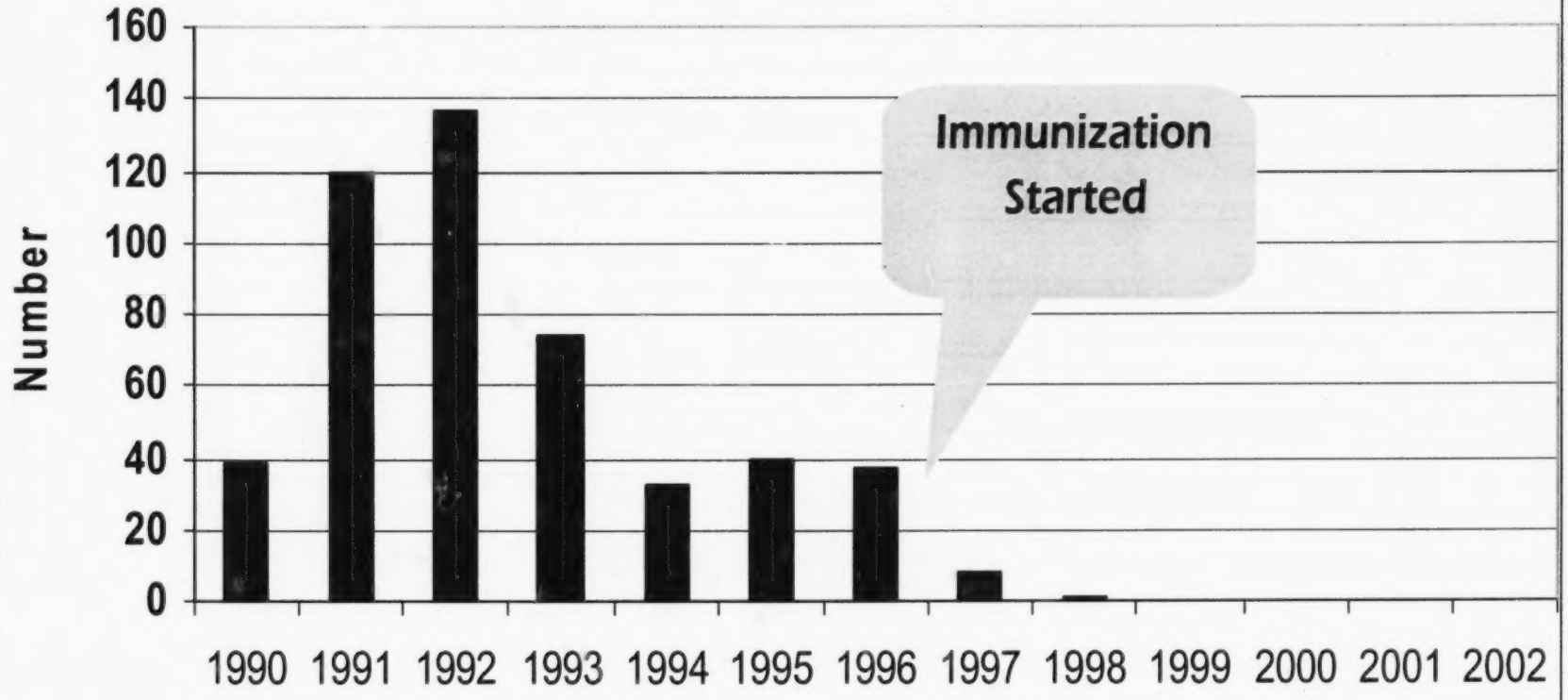
Selected Communicable Diseases Reported KYHR, 1998-2002



Source: Population Health Unit data

Prepared by Population Health Unit, May 03

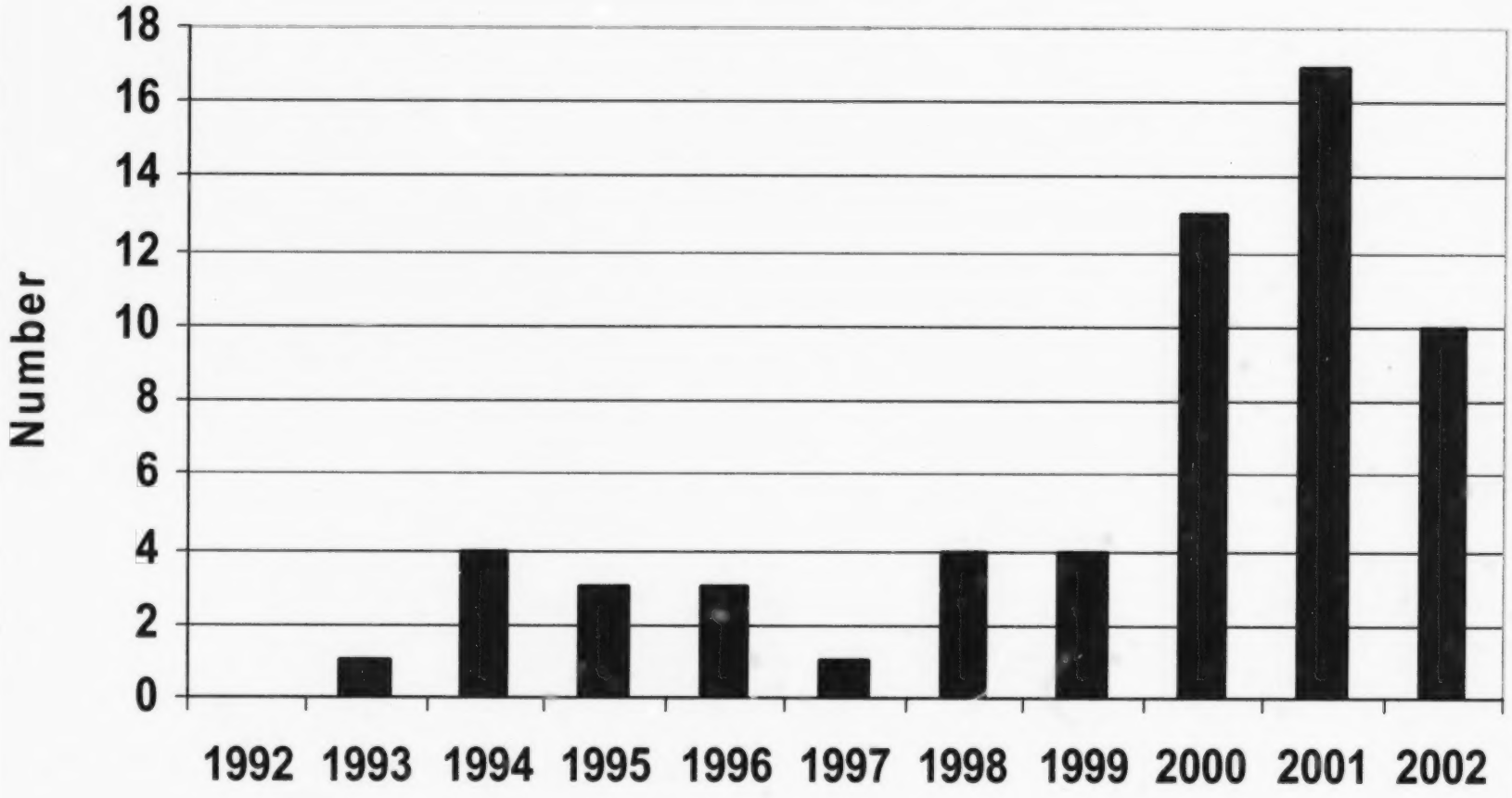
Number of Hepatitis A Cases in Northern Saskatchewan



Source: Population Health Unit

Prepared by Population Health Unit, June 2003

Reported Cases of Hepatitis C, KYHR

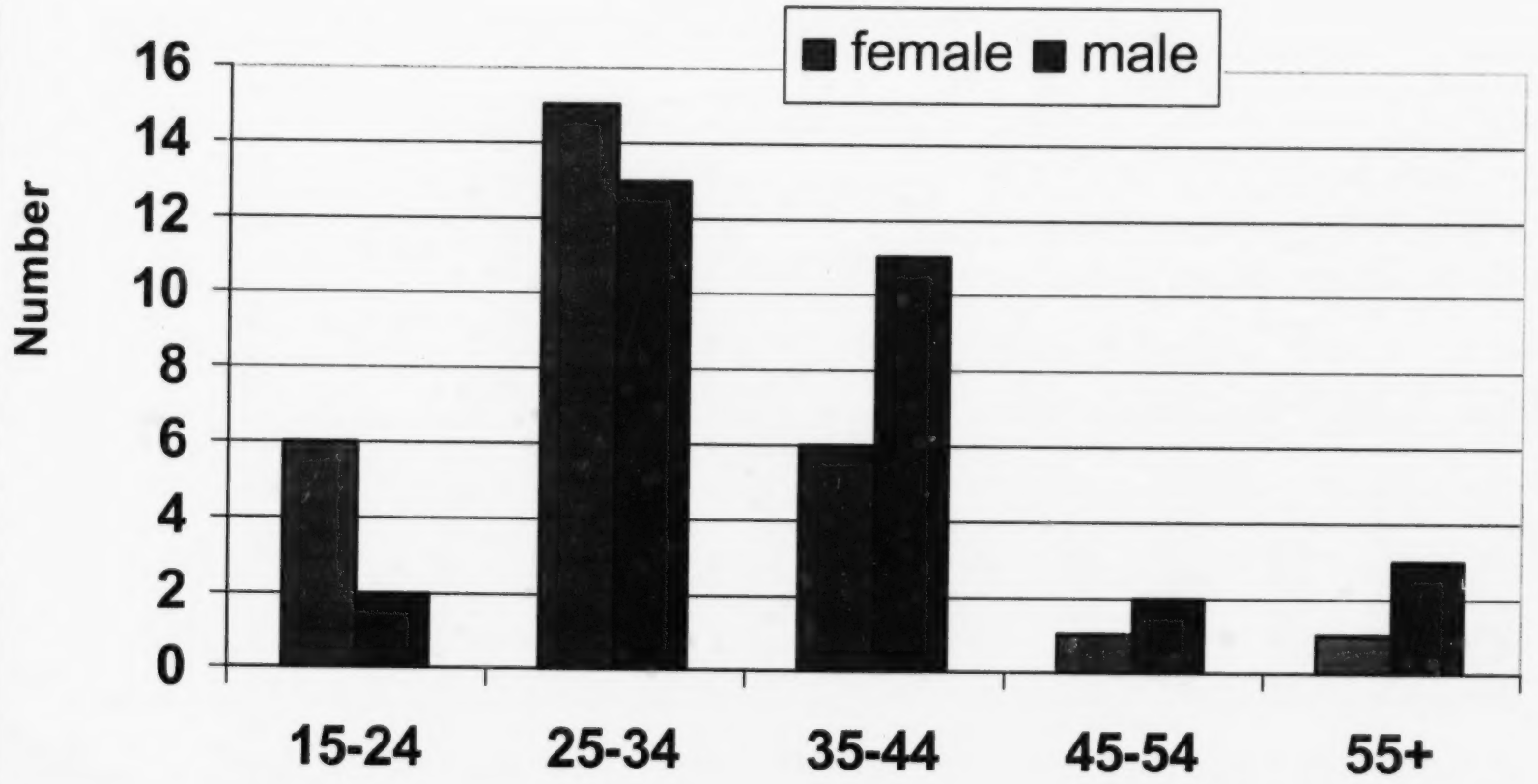


Source: Population Health Unit Data, 2002

Prepared by Population Health Unit, Jun/03

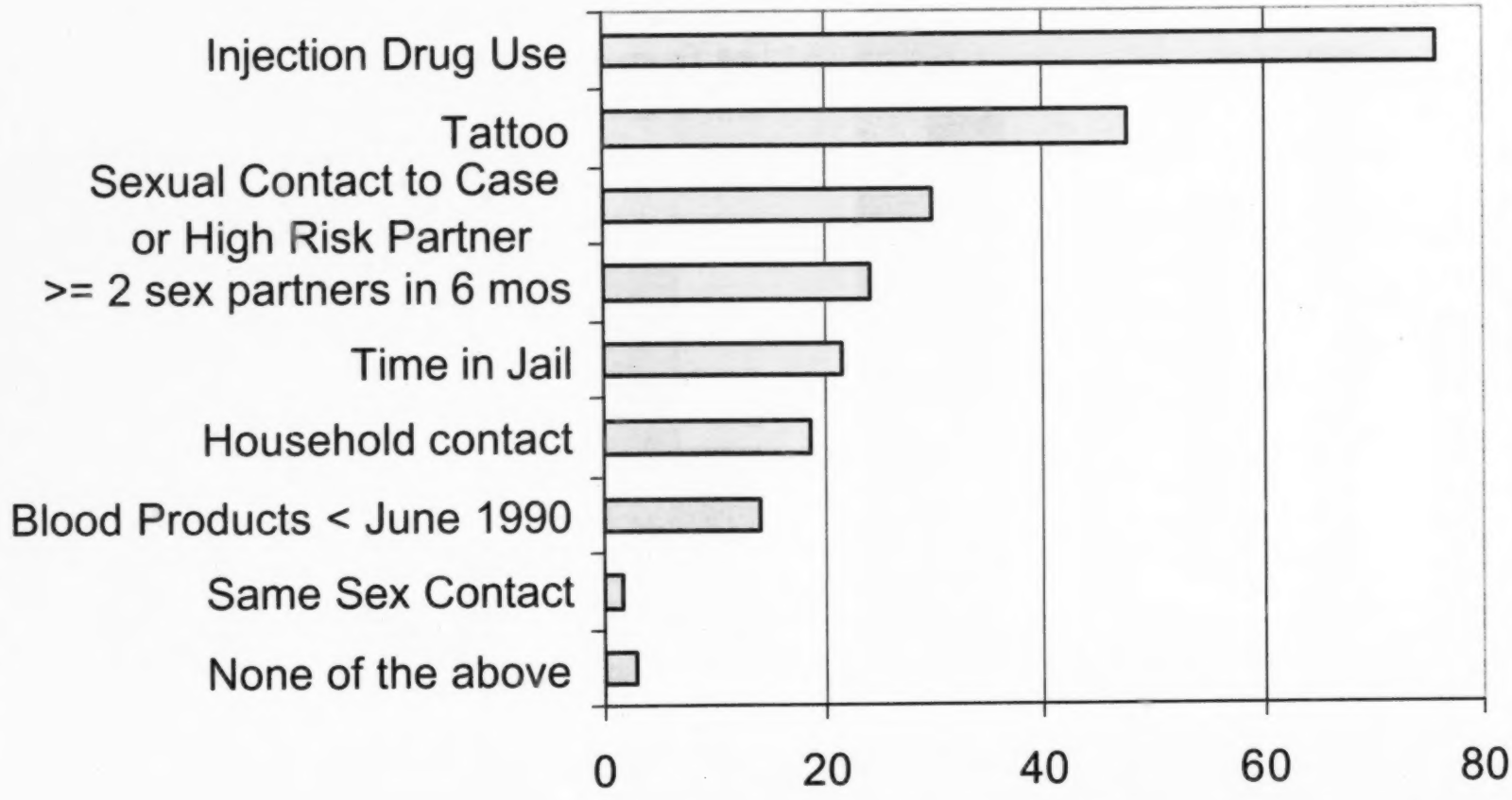
88.3% of cases living off reserve

Hepatitis C Cases Reported, 1992-2002 by Age Group and Sex, KYHR



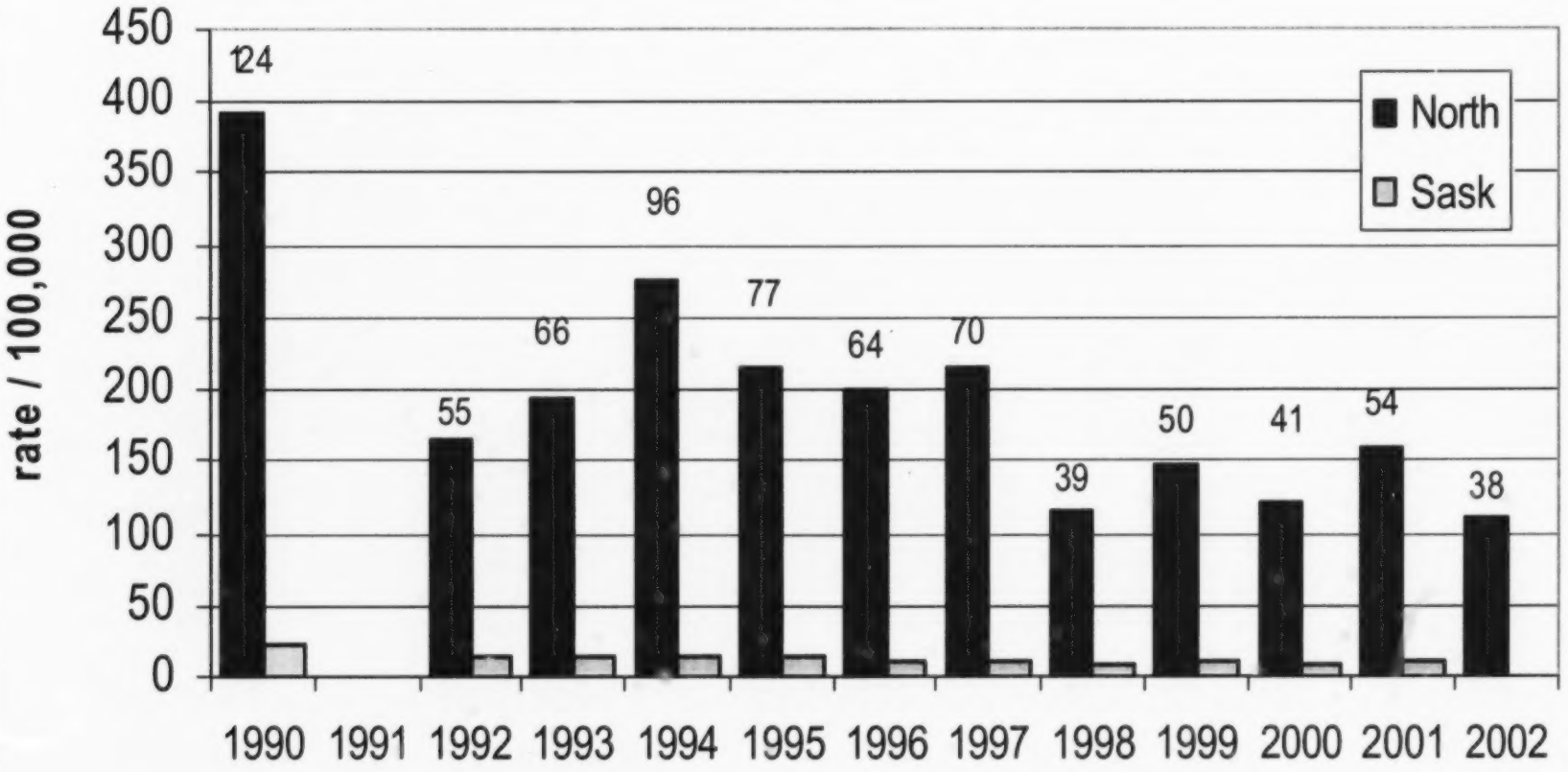
Source: Population Health Unit Data Prepared by Population Health Unit, Jun/03

Risk Factors for Hepatitis C Cases (n=149), Northern SK, 1992-2002



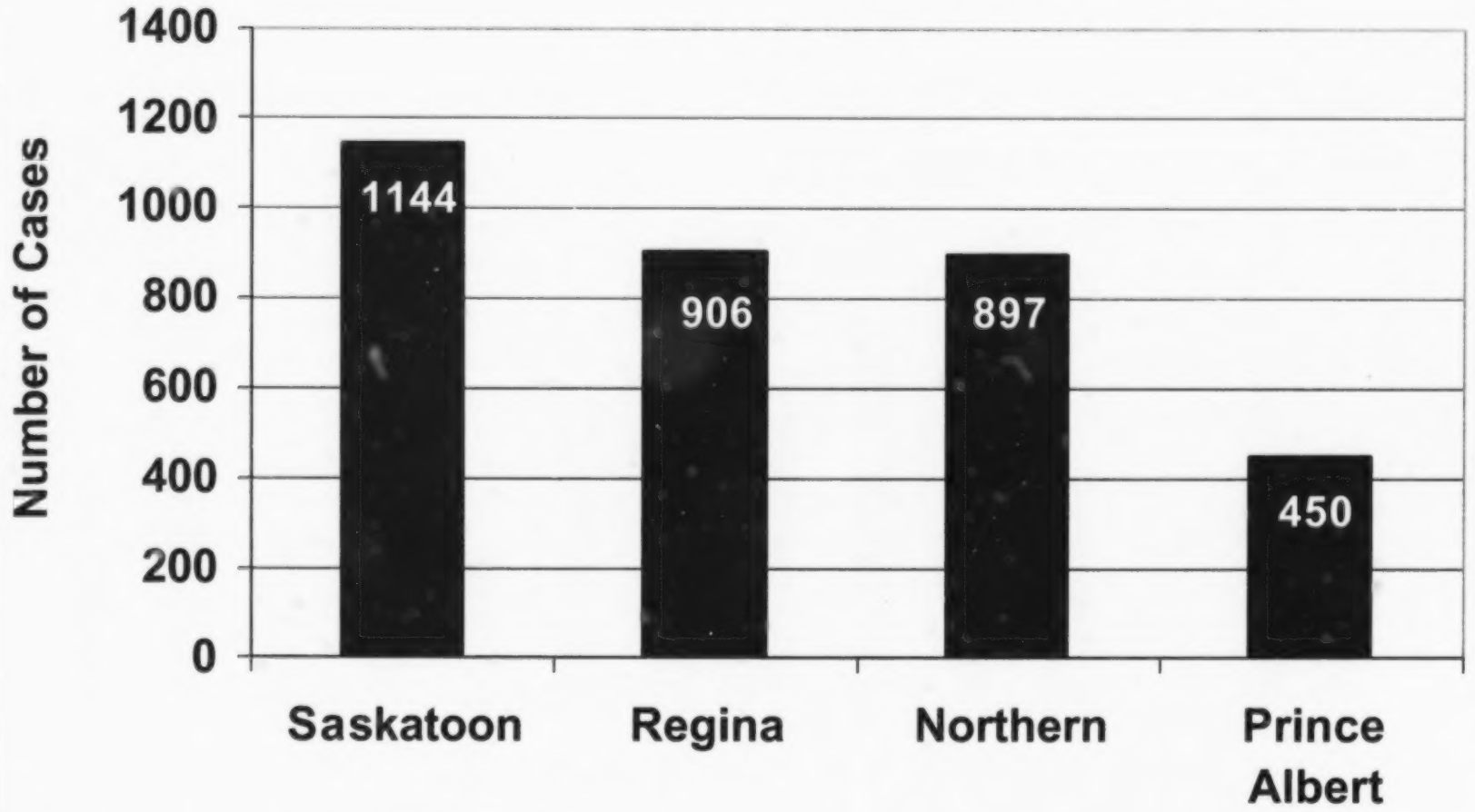
Source: Population Health Unit Data
Prepared by Population Health Unit, Jun/03

Reported New Active & Relapsed Tuberculosis Crude Incidence Rate by Year of Diagnosis, 1990-2002



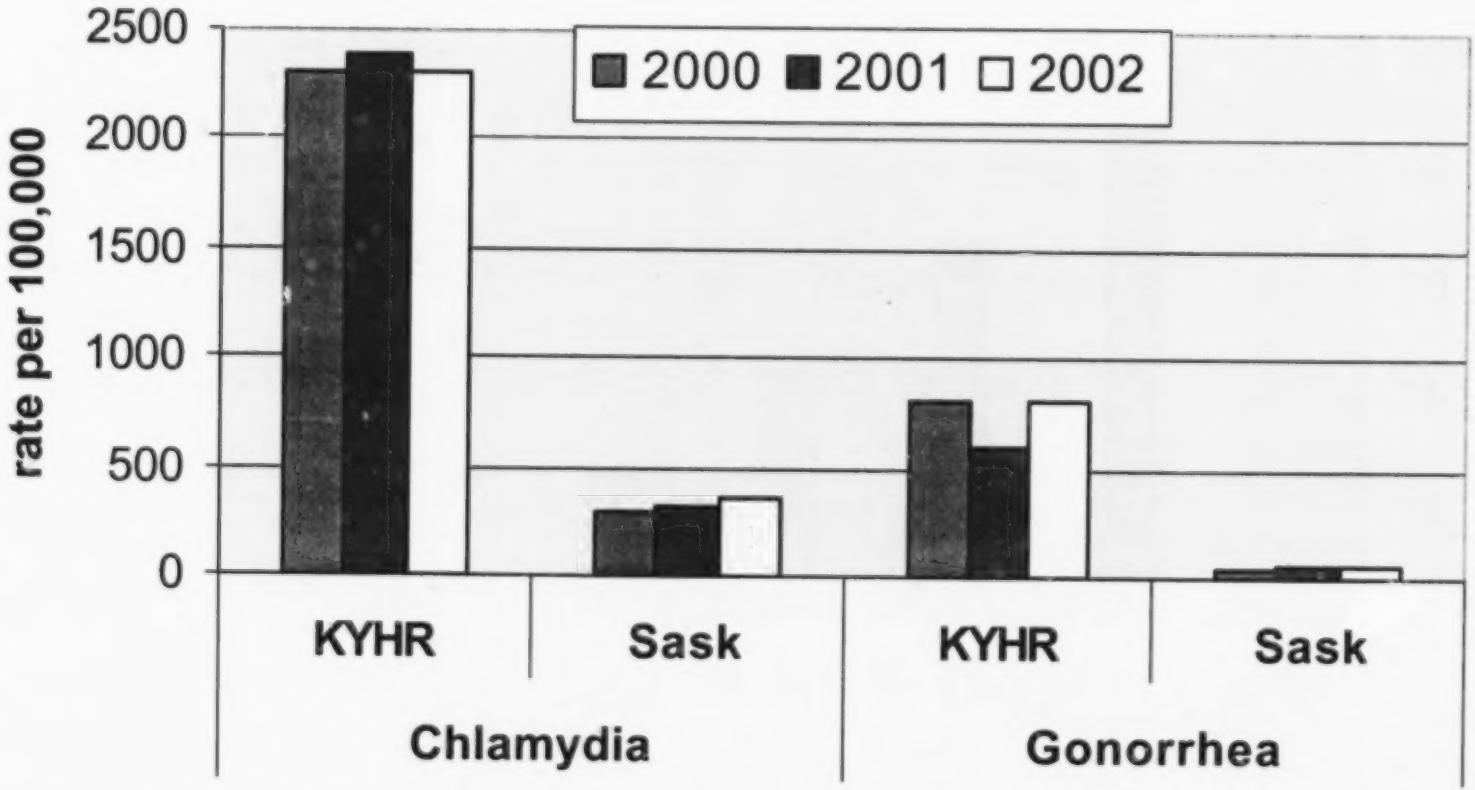
Source: Sask Health TB Control & Health Canada
Prepared by Population Health Unit, Jun/03

Gonorrhea & Chlamydia Cases, 2002



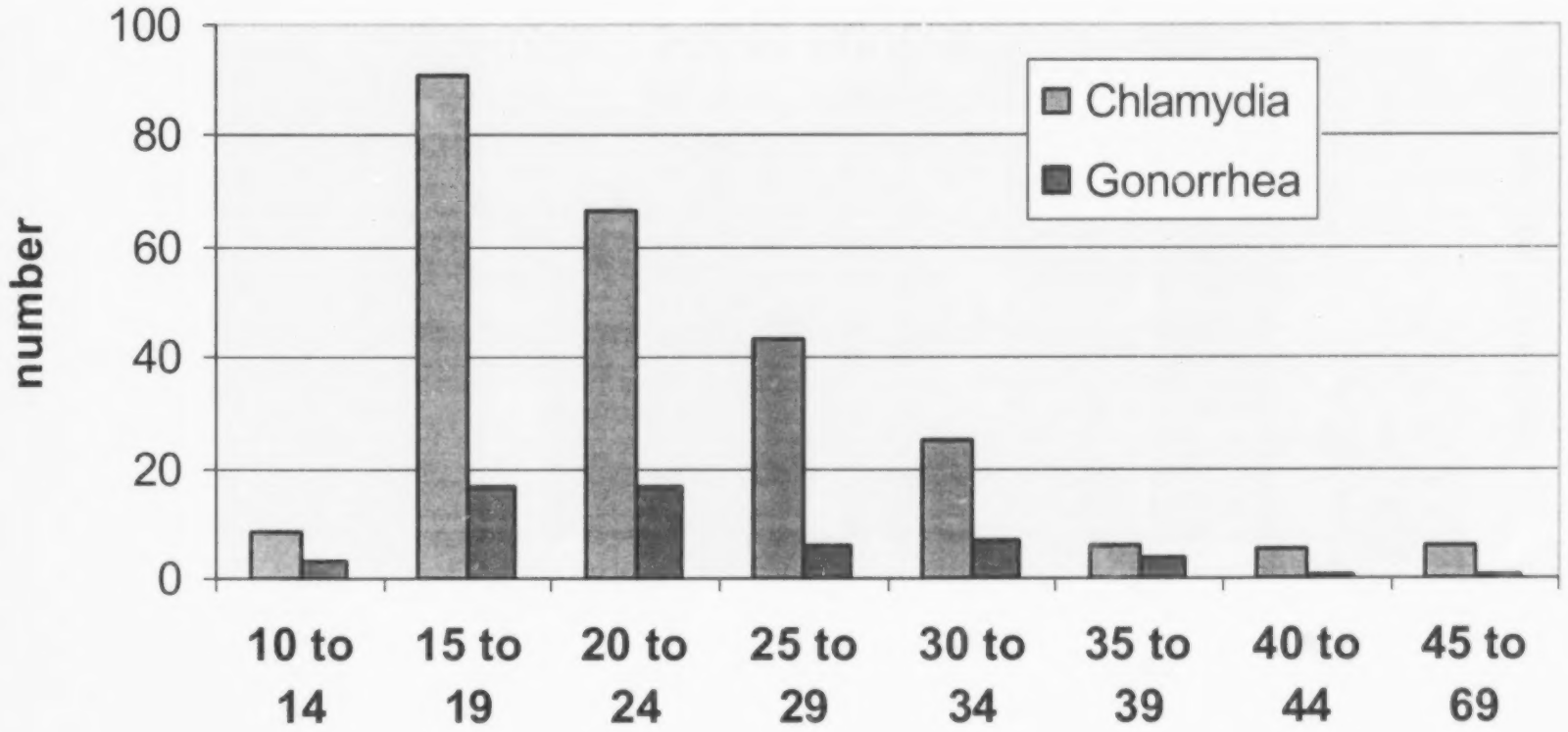
Source: Sask Health Preliminary Data 2002
Prepared by Population Health Unit, Jun/03

STIs, by Year Diagnosed, KYHR and Sask, 2000-02



Source: Population Health Unit Data Prepared by Population Health Unit, Jun03

STIs, by Age Group, KYHR, 2002

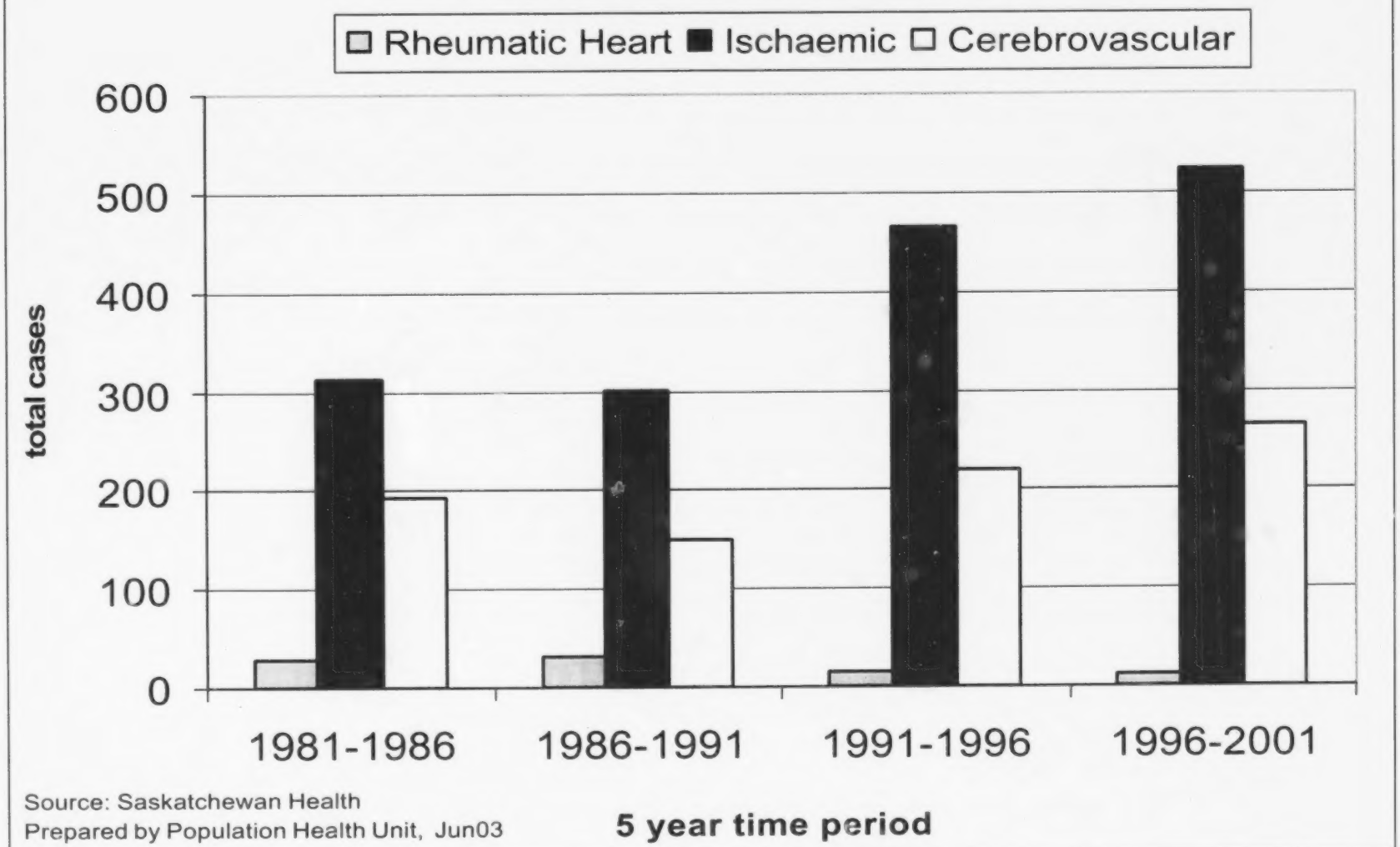


Source: Population Health Unit Data / Prepared by Population Health Unit, Feb/03

Chronic Diseases

- Diabetes
- Cancer
- Heart Disease & Stroke

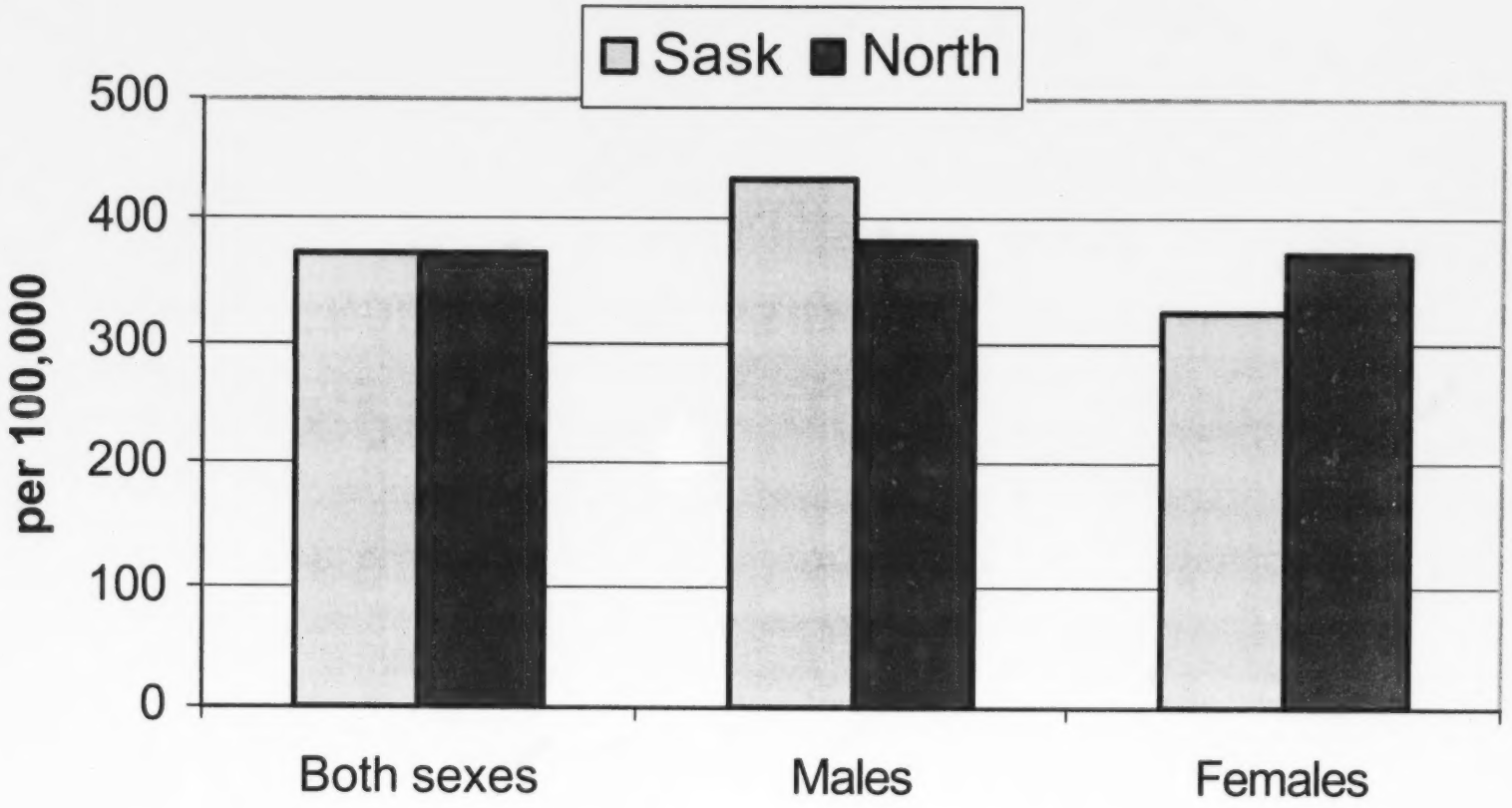
Trends in the number of hospitalizations for selected Cardiovascular Diseases 1981-2001 for Northern Saskatchewan



Source: Saskatchewan Health
Prepared by Population Health Unit, Jun03

All Cancer Incidence, 1997-8

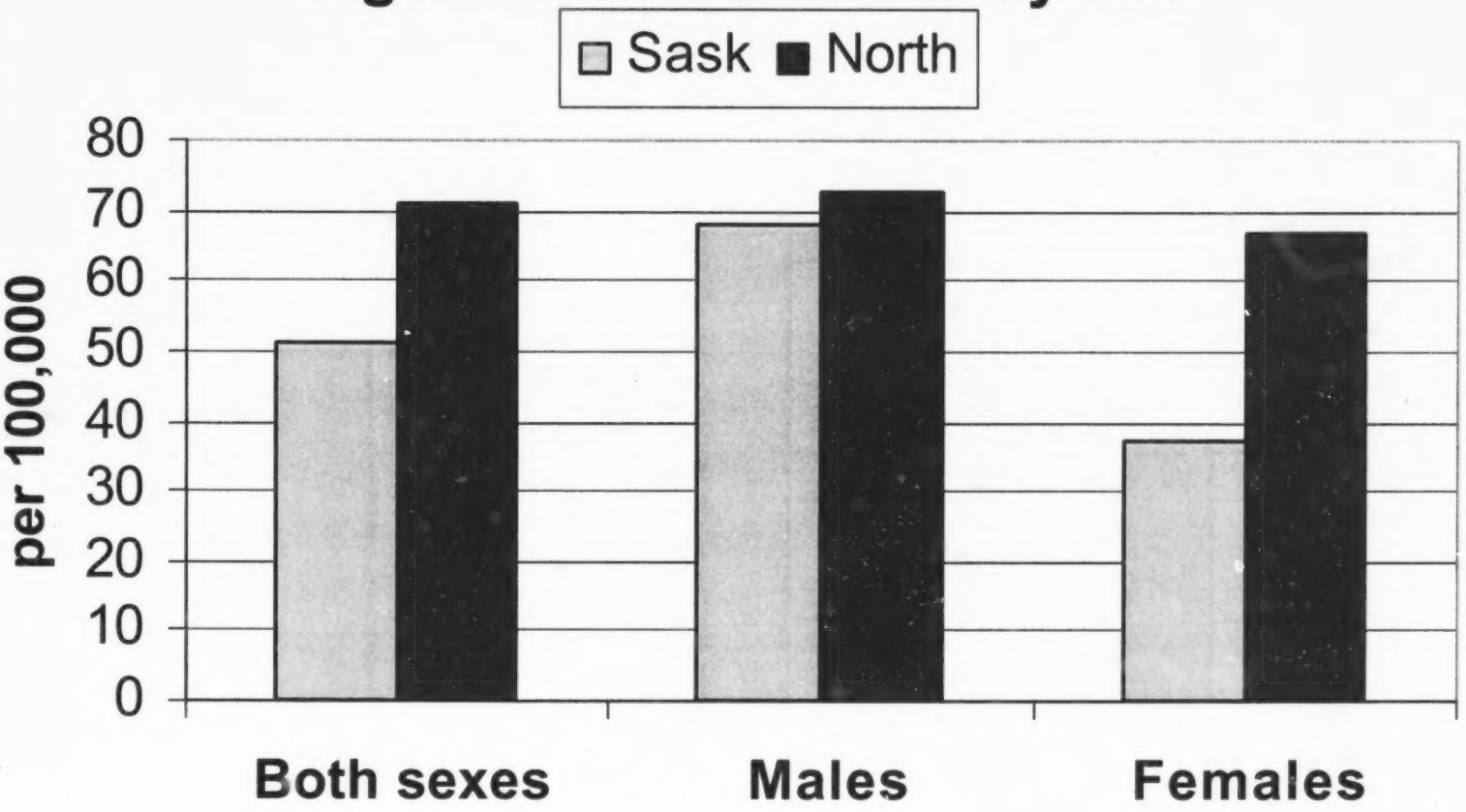
Age-standardized rate by sex



Source: Canadian Cancer Data Prepared by Population Health Unit Jun-03

Lung Cancer Incidence, 1997-8

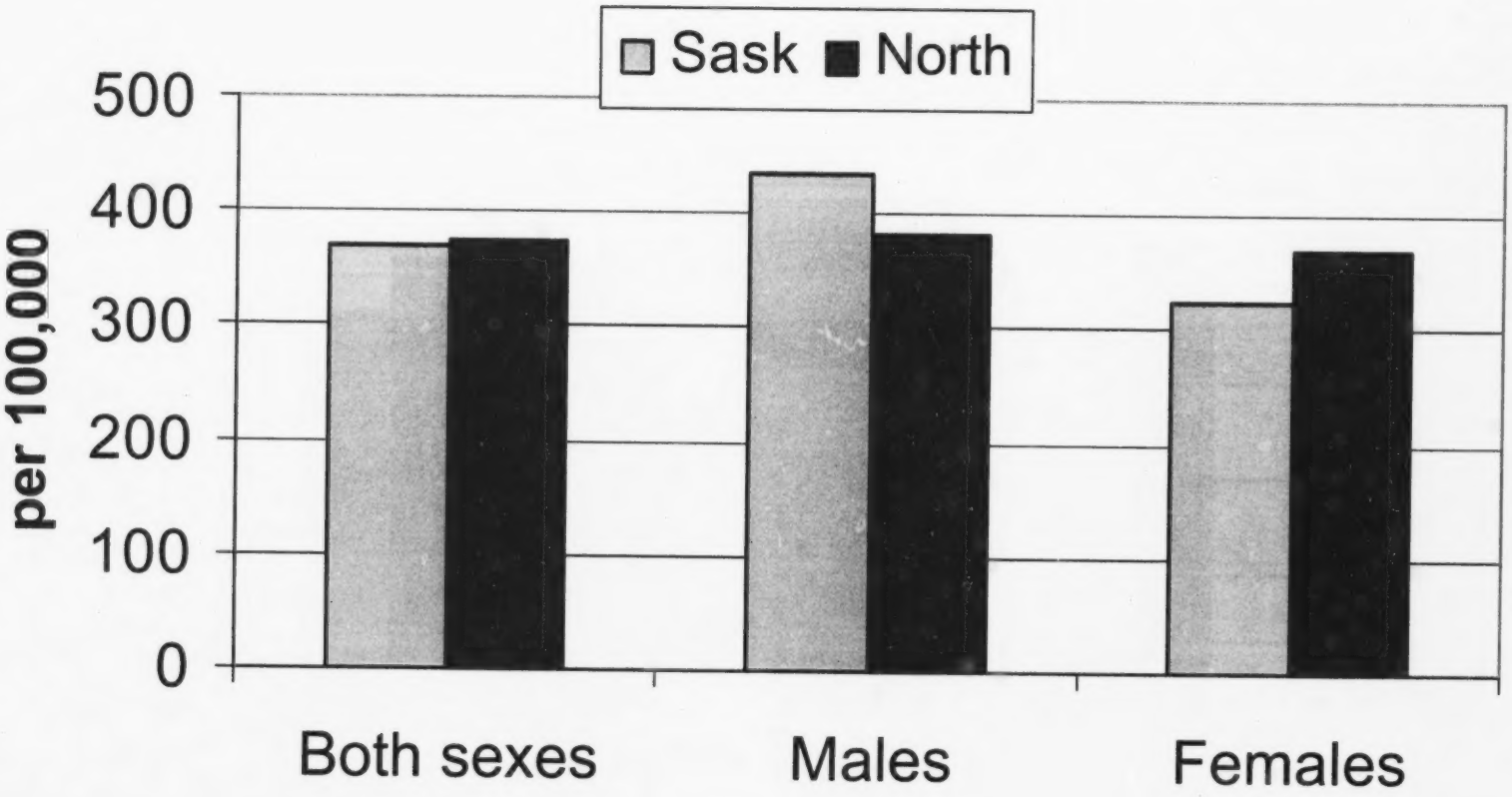
Age-standardized rate by sex



Source: Canadian Cancer Data Prepared by Population Health Unit Jun-03

Colorectal Cancer Incidence,

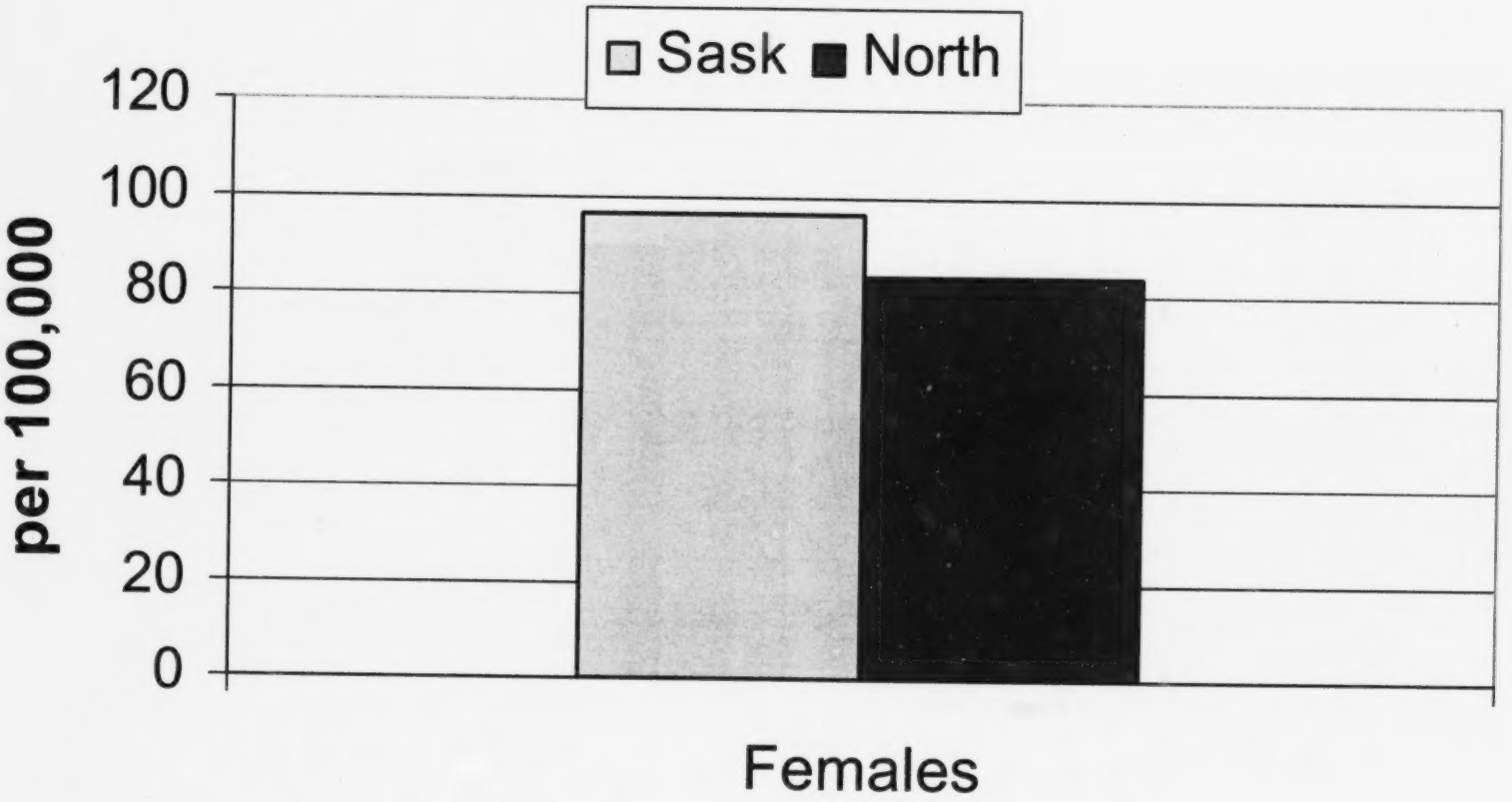
Age-standardized rate by sex, 1997-8



Source: Canadian Cancer Data Prepared by Population Health Unit Jun-03

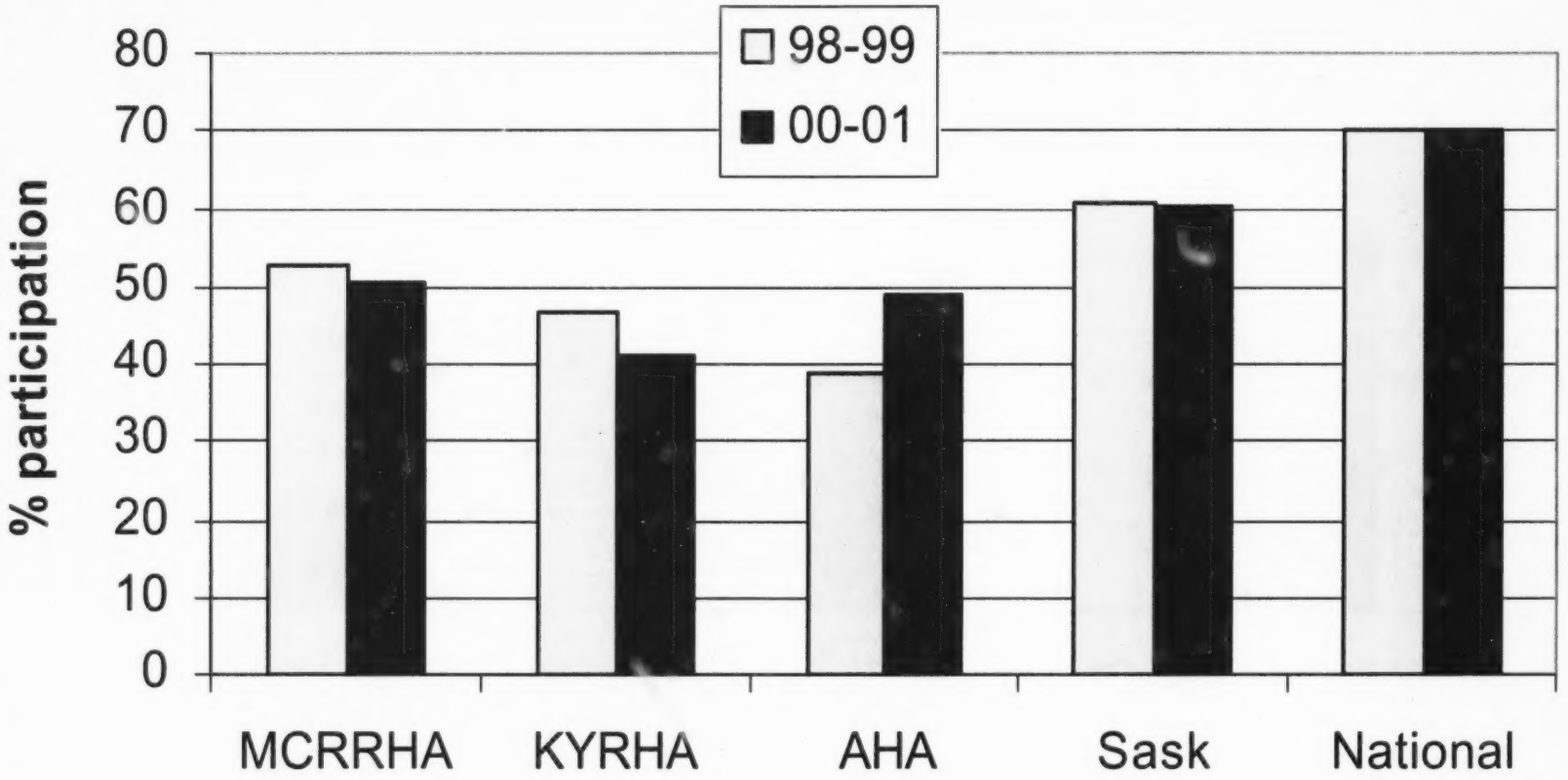
Breast Cancer Incidence, 1997-8

Age-standardized rate



Source: Canadian Cancer Data Prepared by Population Health Unit Jun-03

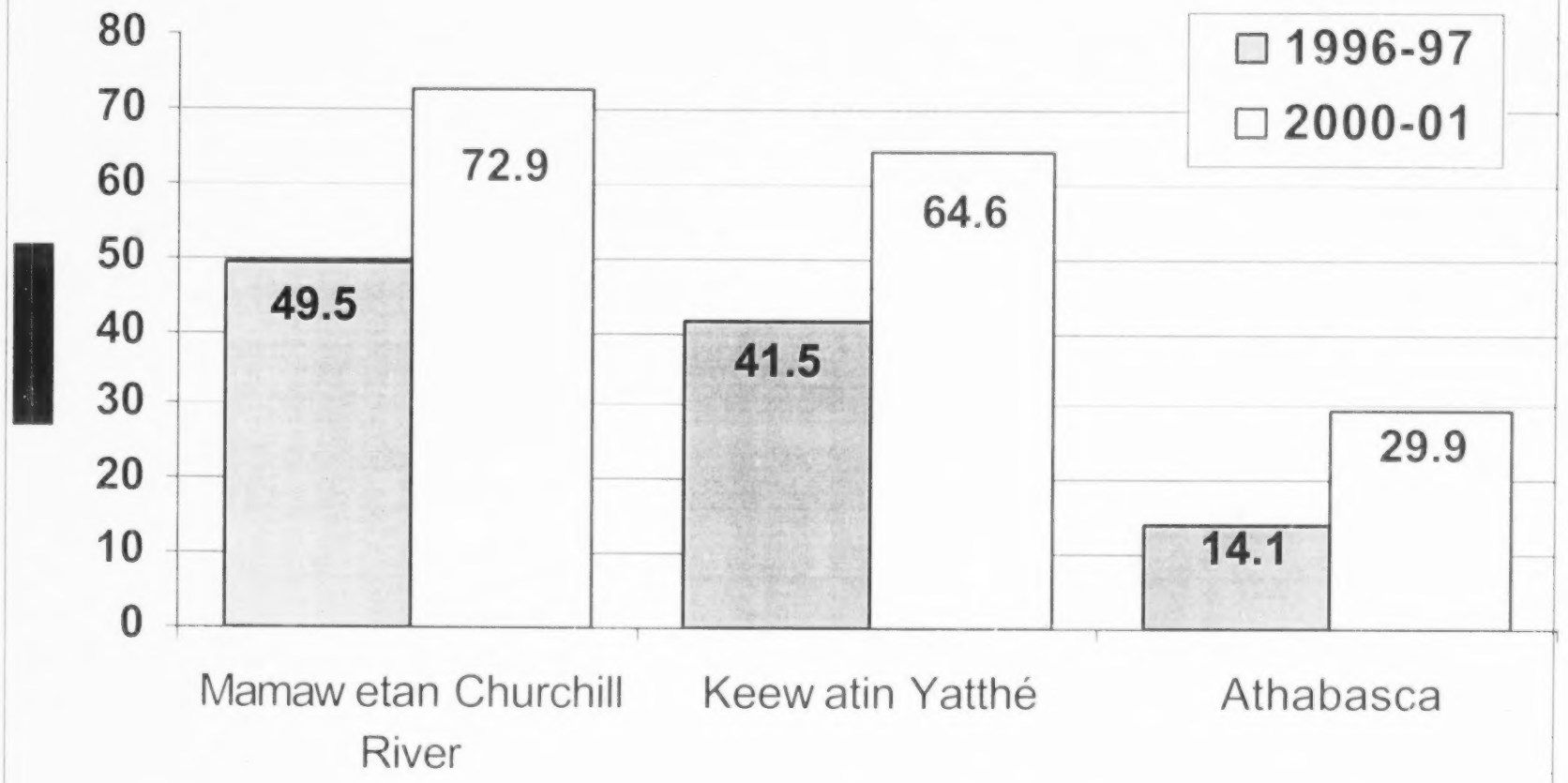
Participation in Breast Cancer Screening, Women 50 to 69 years of age



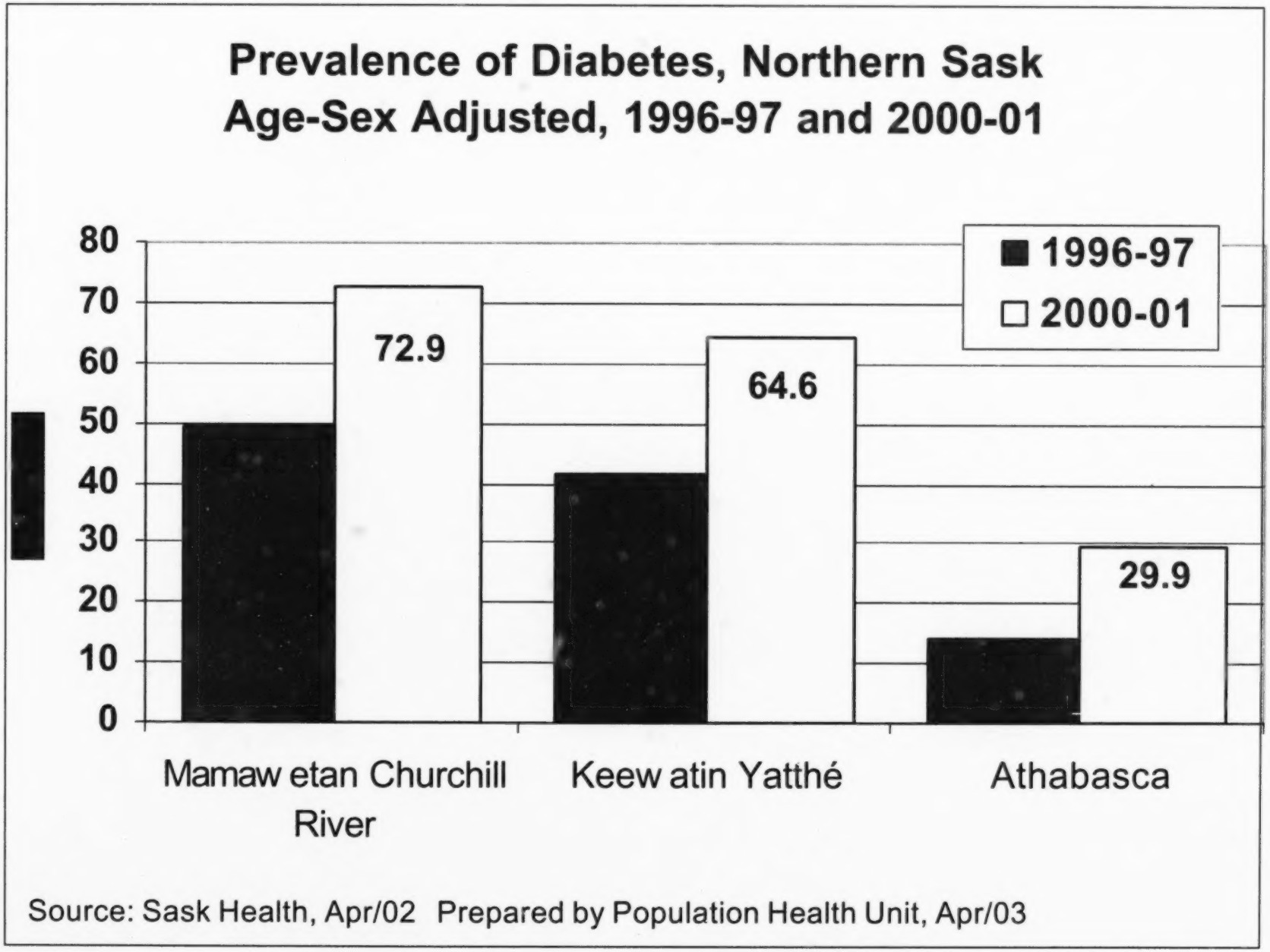
Source: SK Cancer Agency
Prepared by Population Health Unit Jun 03

Increased health promotion efforts in mid-2001 are not reflected in these rates.

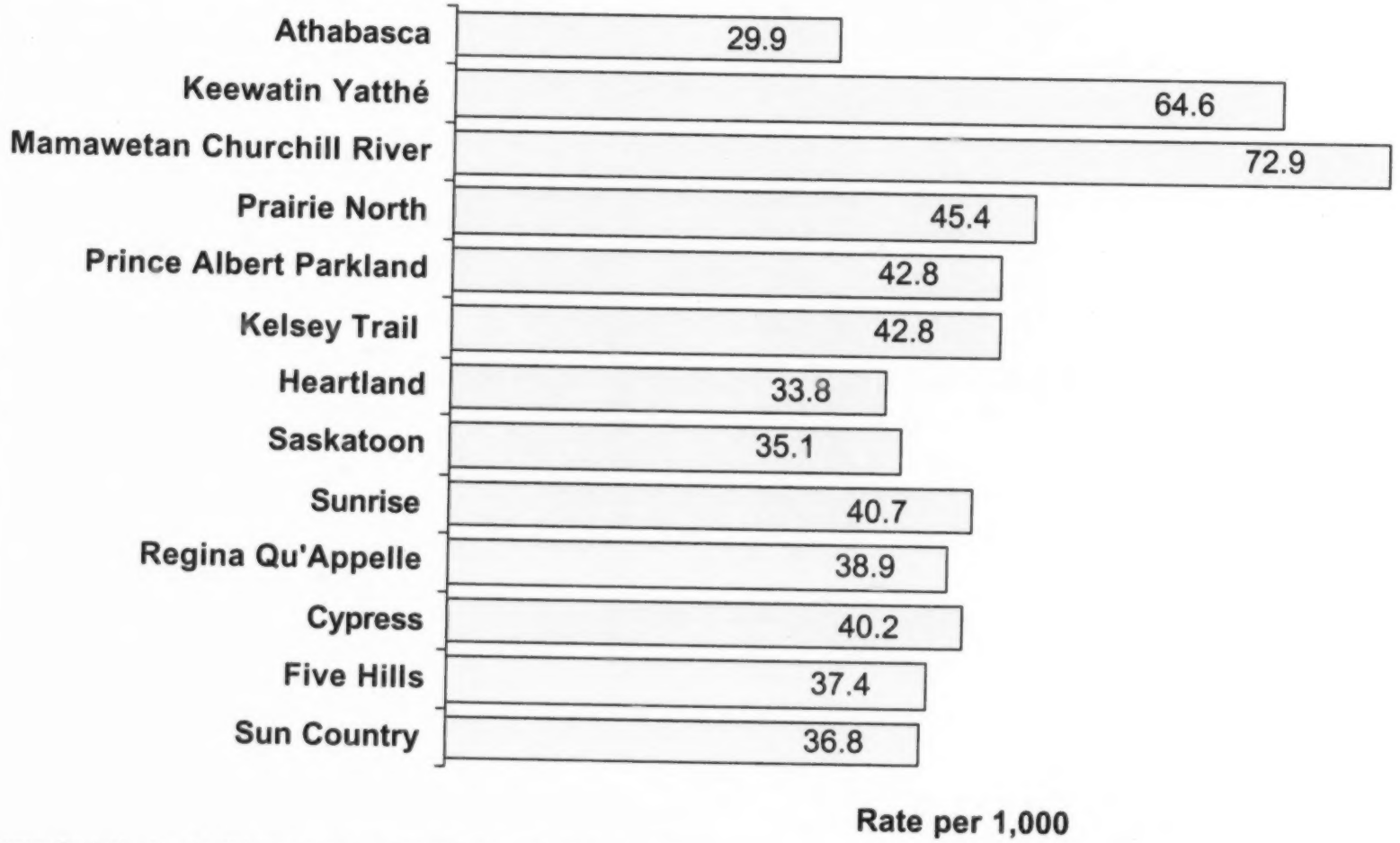
Prevalence of Diabetes, Northern Sask
Age-Sex Adjusted, 1996-97 and 2000-01



Source: Sask Health, Apr/02 Prepared by Population Health Unit, Apr/03


Prevalence of Diabetes, Northern Sask
Age-Sex Adjusted, 1996-97 and 2000-01
80
70
60
50
40
30
20
10
0
1996-97
2000-01
72.9
64.6
29.9
Mamaw etan Churchill River
Keew atin Yatthé
Athabasca
Source: Sask Health, Apr/02 Prepared by Population Health Unit, Apr/03

Prevalence of Diabetes in Saskatchewan by Region (Regional Age-Sex Adjusted 2000-01)



Source: Sask Health, Apr/02 Prepared by Population Health Unit, Apr/03

KYRHA

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